

Name
in
Full

Catherine

Albaugh

463
CERTIFICATE OF DEATHTO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Mexico</i> Town		<i>Carroll</i> County		MARYLAND	
Date of death	<i>1909</i>	Month <i>April</i>	Day <i>4</i>	Years <i>87</i>	Months <i>17</i>
Sex <i>Female</i>	Color or Race <i>White</i>		Birth-place <i>Maryland</i>		
Occupation <i>Retired</i>			Where Residing if not at place of death <i>Home</i>		
Married, Single or Widowed <i>Widow</i>		Name of Wife or Husband <i>Wlad</i>			
Father's Name <i>George Snyder</i>			Father's Birthplace <i>Germany</i>		
Mother's Maiden Name <i>Sarah Albaugh</i>			Mother's Birthplace <i>Germany</i>		
Name of person giving information <i>John T. Albaugh</i>			How related to deceased <i>Son</i>		

CAUSES OF DEATH

119

PHYSICIAN
OR CORONER

Primary	<i>Pulmonary congestion</i>	How long	<i>1 week</i>
Immediate	<i>Acute Nephritis</i>	How long	<i>2 days</i>
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician <i>E. M. Sullivan</i>	
<i>yes</i>		Address <i>Westminster Md</i>	
Accident or Suicide?			

St Johns Leicesters cemetery
Stoner.

Name
in
Full

George Arnold

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Town Sykesville County Carroll **MARYLAND**

Died at Sykesville Carroll

Date of death 1909 April 9th Age 5-1 Months - Days -

Sex Male Color or Race White Birth-place Md.

Occupation None Where Residing if not at place of death -

Married, Single or Widowed Single Name of Wife or Husband -

Father's Name Unknown Father's Birthplace Unknown

Mother's Maiden Name Unknown Mother's Birthplace Unknown

Name of person giving Information Hospital Records How related to deceased 93

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary Lobar Pneumonia How long 3 days.

Immediate Cardiac failure How long -

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician Sam H. Snively Address Springfield State Hosp.
Sykesville, Md.

Accident or Outside -



Name
in
Full

Bettie Bauckerd

464
CERTIFICATE OF DEATHTO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Westminster</i> ^{Town} <i>Carroll</i> ^{County}		MARYLAND	
Date of death	<i>1909</i> ^{Month} <i>April</i> ^{Day} <i>7</i> ^{Years} <i>48</i> ^{Months} <i>6</i> ^{Days} <i>3</i>		
Sex	<i>Female</i>	Color or Race	<i>White</i>
Occupation	<i>Housekeeper</i>	Birth-place	<i>Maryland</i>
Where Residing if not at place of death			
Married, Single or Widowed	<i>married</i>	Name of Wife or Husband	<i>Alfred J. Bauckerd</i>
Father's Name	<i>William J. Boggs</i>	Father's Birthplace	<i>Ireland</i>
Mother's Maiden Name	<i>Lucy Ann Kelgle</i>	Mother's Birthplace	<i>Maryland</i>
Name of person giving information	<i>Alfred J. Bauckerd</i>	How related to deceased	<i>Husband</i>

CAUSES OF DEATH

50

PHYSICIAN
OR CORONER

Primary	<i>Diabetes mellitus</i>	How long	<i>4 years</i>
Immediate	<i>Cardiac Paralysis</i>	How long	<i>—</i>
Are the name, age, sex, color, date and place correctly given above?	<i>Yes</i>	Signature of Physician	<i>W. J. Fitzhugh</i>
		Address	<i>Westminster</i>
Accident or Suicide?			<i>No</i>

Beggs cemetery
Stones

Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Union Mills</i>		Town <i>Union Mills</i>		County <i>Garroll</i>		MARYLAND	
Date of death <i>1909 April 17</i>		Month <i>April</i>		Day <i>17</i>		Age <i>72</i>	
Sex <i>Male</i>		Color or Race <i>White</i>		Birth-place <i>Garroll</i>		Months <i>6</i>	
Occupation <i>Farmer</i>		Where Residing if not at place of death				Days <i>2</i>	
Married, Single or Widowed <i>Married</i>		Name of Wife or Husband <i>Julian Bankert</i>					
Father's Name <i>Eli Bankert</i>		Father's Birthplace <i>Garroll</i>					
Mother's Maiden Name <i>Matilda Yingling</i>		Mother's Birthplace <i>Garroll</i>					
Name of person giving Information <i>Julian Bankert</i>		How related to deceased <i>Wife</i>					

CAUSES OF DEATH

10

PHYSICIAN
OR CORONER

Primary <i>Influenza, Capillary Bronchitis</i>	How long <i>8 days</i>
Immediate <i>Heart Failure</i>	How long <i>1 1/2 days</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>L. Lewis</i>
	Address <i>Union Mills Maryland</i>
Accident or Suicide	



Name
in
Full

Andrew Banks Sr.

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

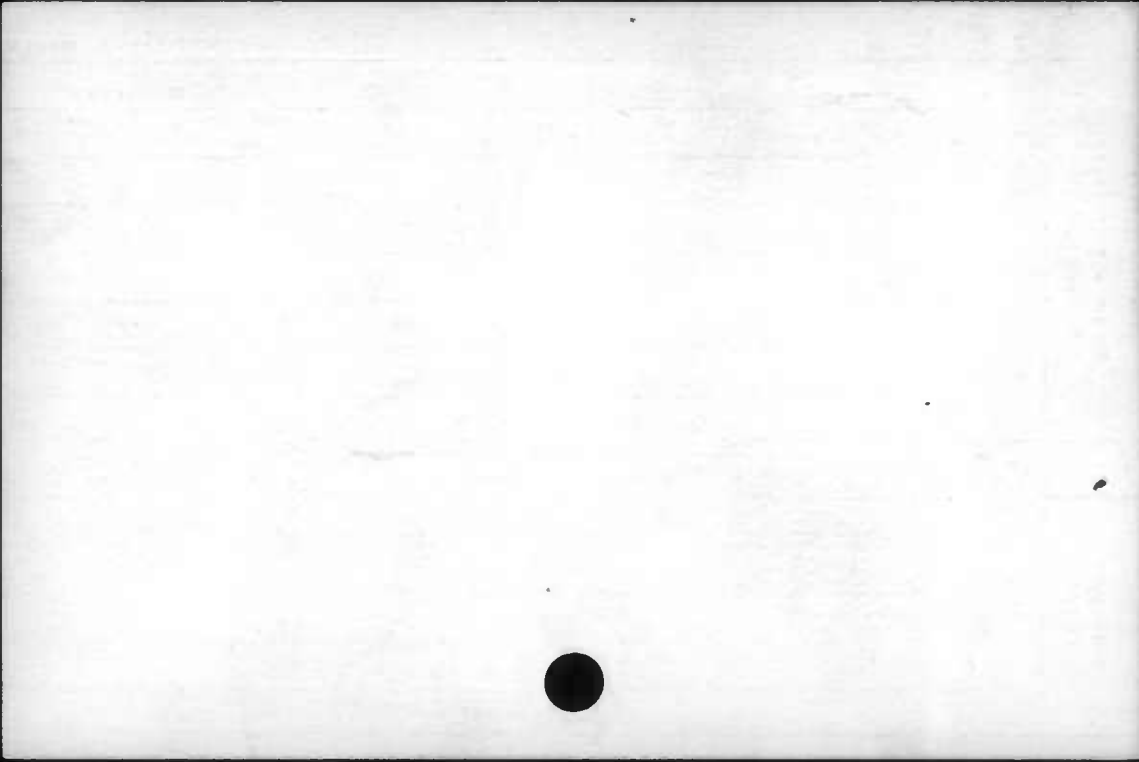
Died at <i>Springfield Hospital</i>		County <i>Carroll</i>		State <i>MARYLAND</i>	
Date of death	Month	Day	Years	Months	Days
1909	April	23	71		
Sex	Color or Race		Birth-place		
Male	White		Md		
Occupation			Where Residing if not at place of death		
Government employee					
Married, Single or Widowed	Name of Wife or Husband				
Married	Elizabeth Banks				
Father's Name	Father's Birthplace				
Daniel B. Banks	Md				
Mother's Maiden Name	Mother's Birthplace				
Margaret Whitlock	Md				
Name of person giving Information			How related to deceased		

CAUSES OF DEATH

154

PHYSICIAN
OR CORONER

Primary	<i>Senile dementia</i>	How long	<i>3 weeks</i>
Immediate	<i>Cardiac dilatation</i>	How long	<i>2 days</i>
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
yes		Chas. J. Carly	
		Address	
		<i>Sykesville Md</i>	
Accident or Suicide			
No			



Name
in
Full461
CERTIFICATE OF DEATHTO BE ANSWERED BY
NEAREST FRIEND

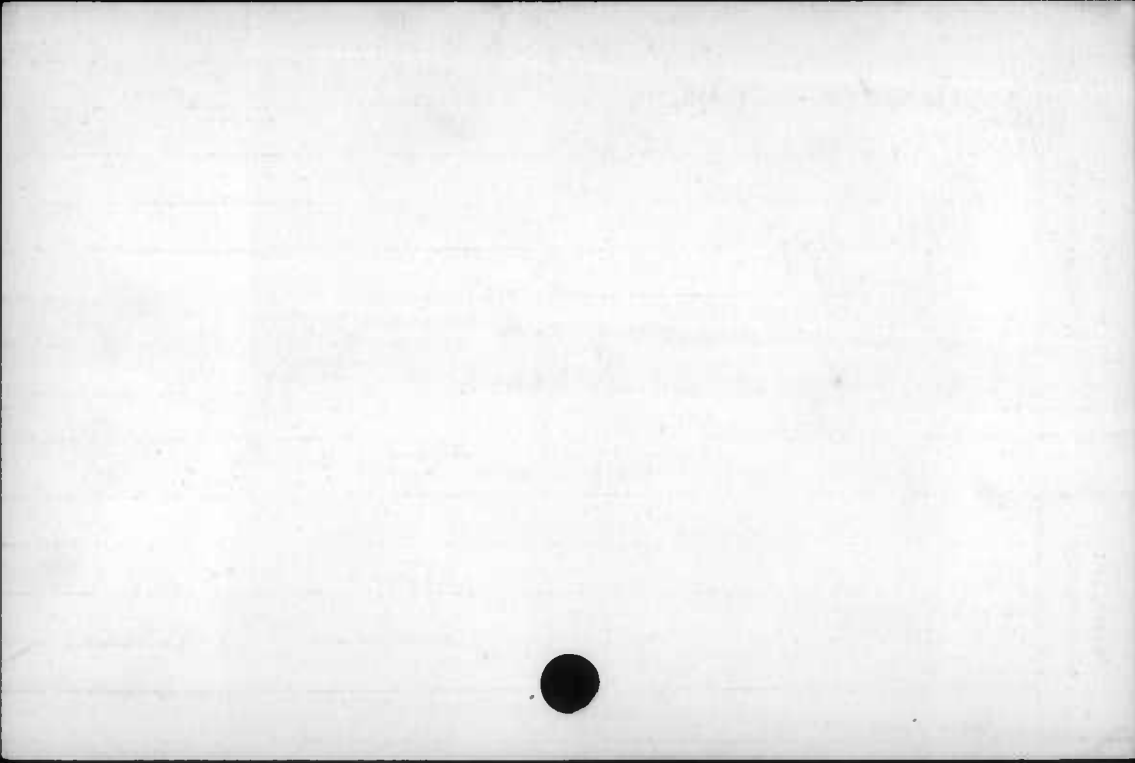
Died at <i>Westminster</i> Town		County <i>Carroll</i>		MARYLAND	
Date of death	<i>1909</i>	Month <i>April</i>	Day <i>1</i>	Age <i>66</i>	Months <i>1</i> Days <i>10</i>
Sex <i>Female</i>	Color or Race <i>White</i>		Birth-place <i>Maryland</i>		
Occupation <i>Seamstress</i>	Where Residing if not at place of death <i>Balto Co Md</i>				
Married, Single or Widowed <i>Widow</i>	Name of Wife or Husband <i>Eliya K Benson</i>				
Father's Name <i>Nicholas Ogg</i>	Father's Birthplace <i>Maryland</i>				
Mother's Maiden Name <i>Caroline E Chase</i>	Mother's Birthplace <i>Mass</i>				
Name of person giving information <i>Martha A. Lindsay</i>	How related to deceased <i>Sister</i>				

CAUSES OF DEATH

120

PHYSICIAN
OR CORONER

Primary	<i>Chronic Interstitial Nephritis</i>	How long <i>3 yrs.</i>
Immediate	<i>Uremia -</i>	How long <i>3 or 4 days</i>
Are the name, age, sex, color, date and place correctly given above?	<i>Yes</i>	Signature of Physician <i>Chas. R. Loetz</i>
		Address <i>Westminster Md.</i>
Accident or Suicide?	<i>No</i>	



Name
in
Full

William H. Booz

CERTIFICATE OF DEATH

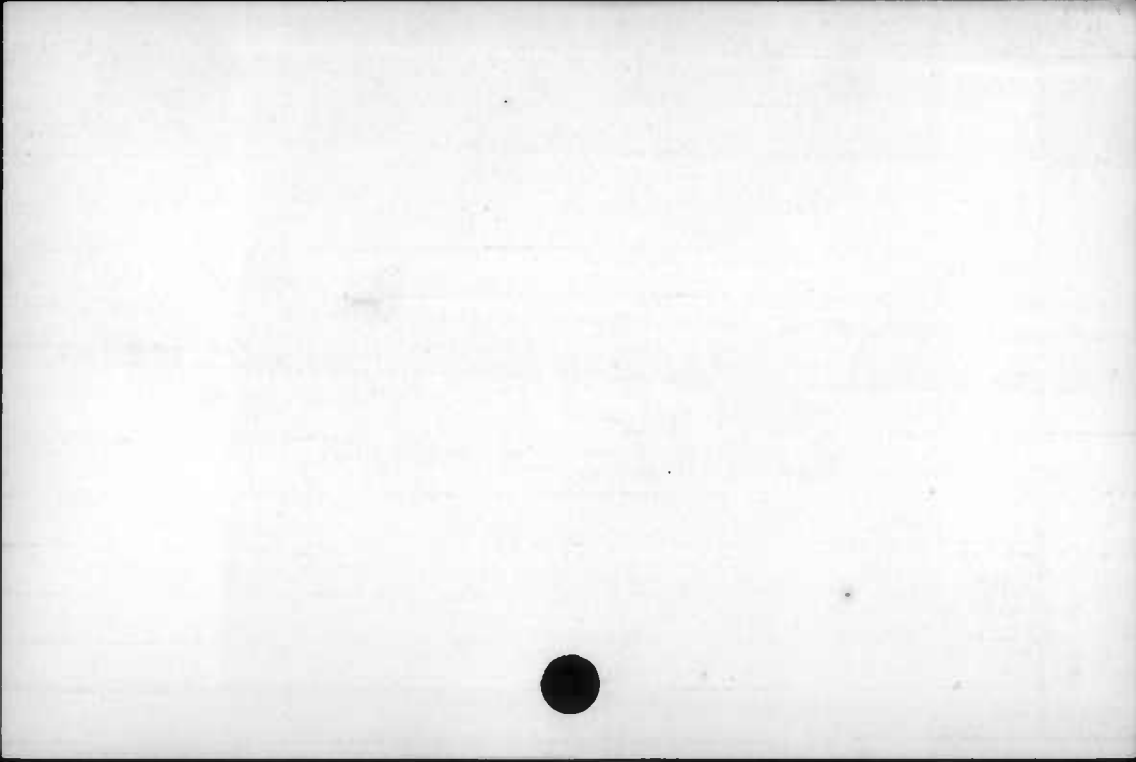
TO BE ANSWERED BY
NEAREST FRIEND

Died at ^{Town} <i>Hampstead</i>		^{County} <i>Carroll</i>		MARYLAND	
Date of death	190 ^{Month} <i>9</i>	^{Day} <i>4</i>	Age	^{Years} <i>57</i>	^{Months} <i>5</i> ^{Days} <i>10</i>
Sex	<i>Male</i>		Color or Race	<i>White</i>	
Occupation	<i>Laborer</i>		Birth-place	<i>Snyderburg</i>	
Where Residing if not at place of death			<i>—</i>		
Married, Single or Widowed		Name of Wife or Husband			
<i>Widower</i>		<i>Lida Booz</i>			
Father's Name		<i>John Booz</i>		Father's Birthplace	
				<i>Not Known</i>	
Mother's Maiden Name		<i>Catherine Giegler</i>		Mother's Birthplace	
				<i>" "</i>	
Name of person giving information		<i>Mrs David Richards</i>		How related to deceased	
				<i>Sister</i>	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Lobar Pneumonia</i>	How long	<i>7 days</i>
Immediate	<i>Heart Failure</i>	How long	<i>10 minutes</i>
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
<i>Yes</i>		<i>R F Richards</i>	
		Address	
		<i>Hampstead Md.</i>	
Accident or Suicide?			



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

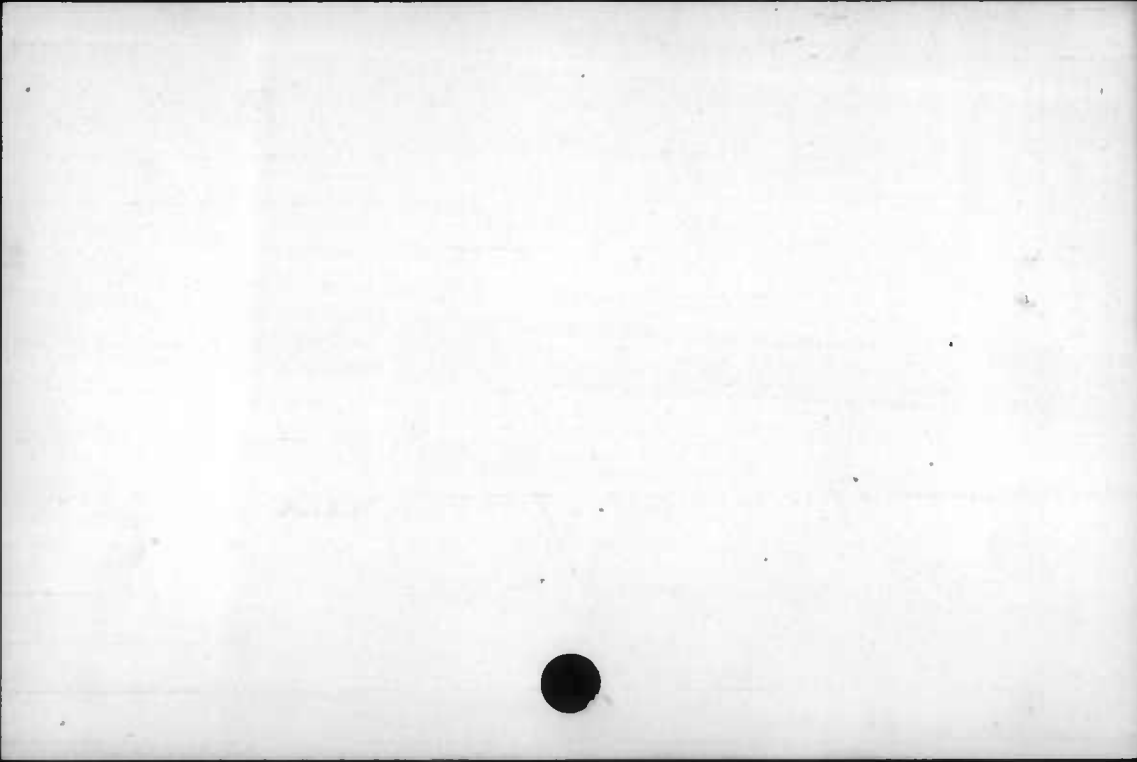
Name in Full George Bassom		Town Honolulu		County Carroll		MARYLAND	
Died at		Month 4		Day 6		Years 74	
Date of death 1909		Months 2		Days 13			
Sex Male		Color or Race White		Birth-place Bulldo			
Occupation Hammer		Where Residing if not at place of death —					
Married, Single or Widowed Married		Name of Wife or Husband Sarah Bassom					
Father's Name Abram Bassom		Father's Birthplace Nat. 7 years					
Mother's Maiden Name Mary Storms		Mother's Birthplace 11 11					
Name of person giving information Mrs Geo Cullison		How related to deceased Daughter					

CAUSES OF DEATH

93

PHYSICIAN
OR CORONER

Primary Pyemia	How long 6 days
Immediate Strangulation	How long 10 min
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician R. F. Richards
	Address Hampstead
	M.D.
Accident or Suicide?	



Name
in
Full

Clara Bell Bowers

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIENDDied at ^{Town} Near Bethel Church^{County} Carroll

MARYLAND

Date of death 1909 Apr

Day 22

Age 43 Years

Months 9

Days 21

Sex Female

Color or Race White

Birth-place Carroll Co Md

Occupation Housewife

Where Residing if not at place of death

Married, Single or Widowed Married

Name of Wife or Husband George F Bowers

Father's Name David Foreman

Father's Birthplace Carroll Co Md

Mother's Maiden Name Ellen L Shoemaker

Mother's Birthplace Carroll Co Md

Name of person giving information Geo F Bowers

How related to deceased Husband

CAUSES OF DEATH

42

PHYSICIAN
OR CORONER

Primary Carcinoma of Cervix Uteri

How long About 10 yrs

Immediate Secondary Anemia

How long 6 months

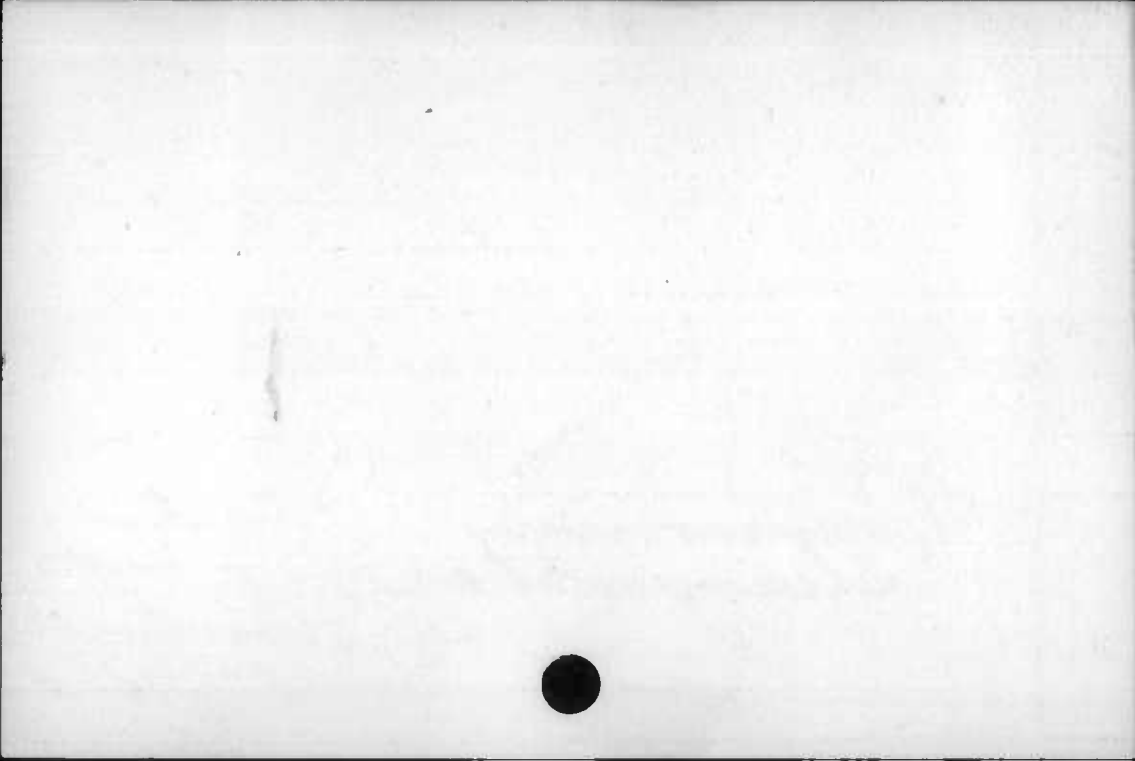
Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician Chas M. Bessner Md

Address

Paneyton Md

Accident or Suicide?



Name
in
Full

Frank E. Brown

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

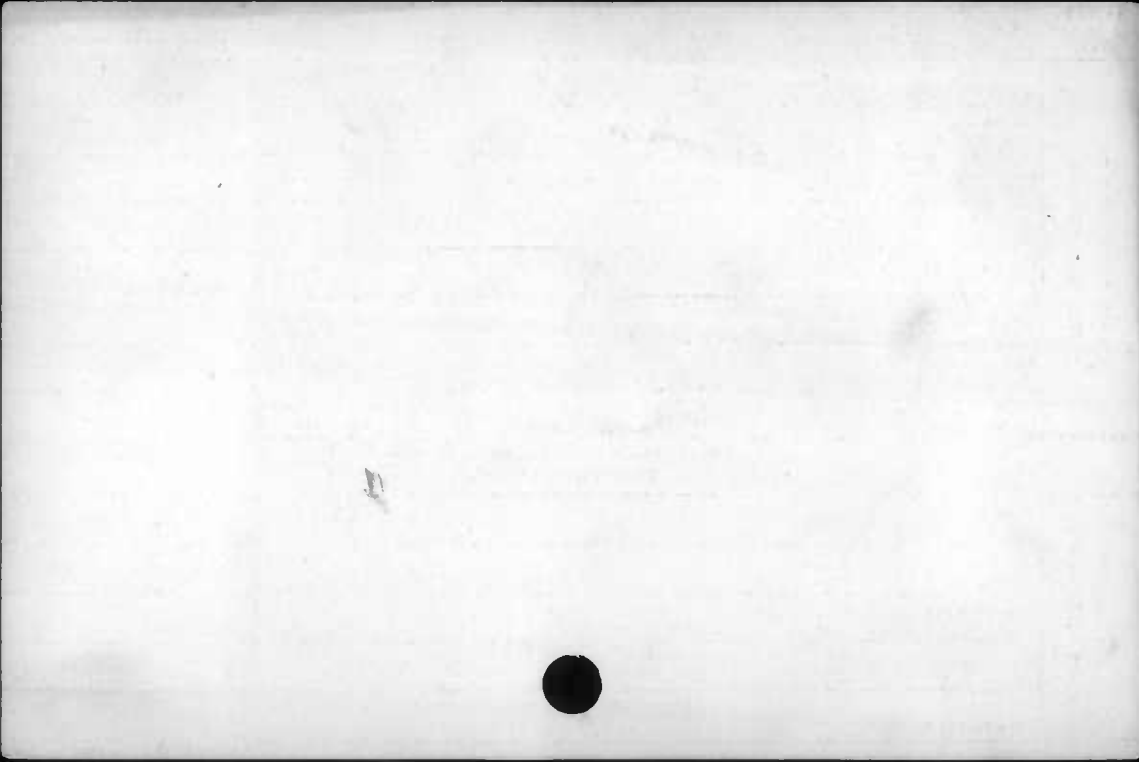
Died at <u>Sams Creek</u> ^{Town}		<u>Carroll</u> ^{County}		MARYLAND	
Date of death	<u>1909</u>	Month <u>April</u>	Day <u>15</u>	Age <u>1</u>	Years <u>1</u>
Sex <u>Male</u>	Color or Race <u>Black</u>		Birth-place <u>md</u>		
Occupation _____			Where Residing if not at place of death <u>Sams Creek</u>		
Married, Single or Widowed _____			Name of Wife or Husband _____		
Father's Name <u>George Brown</u>			Father's Birthplace <u>md</u>		
Mother's Maiden Name <u>Mary Jane Wise</u>			Mother's Birthplace <u>md</u>		
Name of person giving information <u>Edw. Brown</u>			How related to deceased <u>Father</u>		

CAUSES OF DEATH

93

PHYSICIAN
OR CORONER

Primary	<u>Lobar Pneumonia</u>	How long	<u>8 days</u>
Immediate	<u>Toxic Exhaustion</u>	How long	<u>3 days</u>
Are the name, age, sex, color, date and place correctly given above? <u>yes</u>		Signature of Physician <u>John H. Gentry</u>	
		Address <u>New Windsor md.</u>	
Accident or Suicide? _____			



Name
in
Full

Eva Viola Brownley -

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

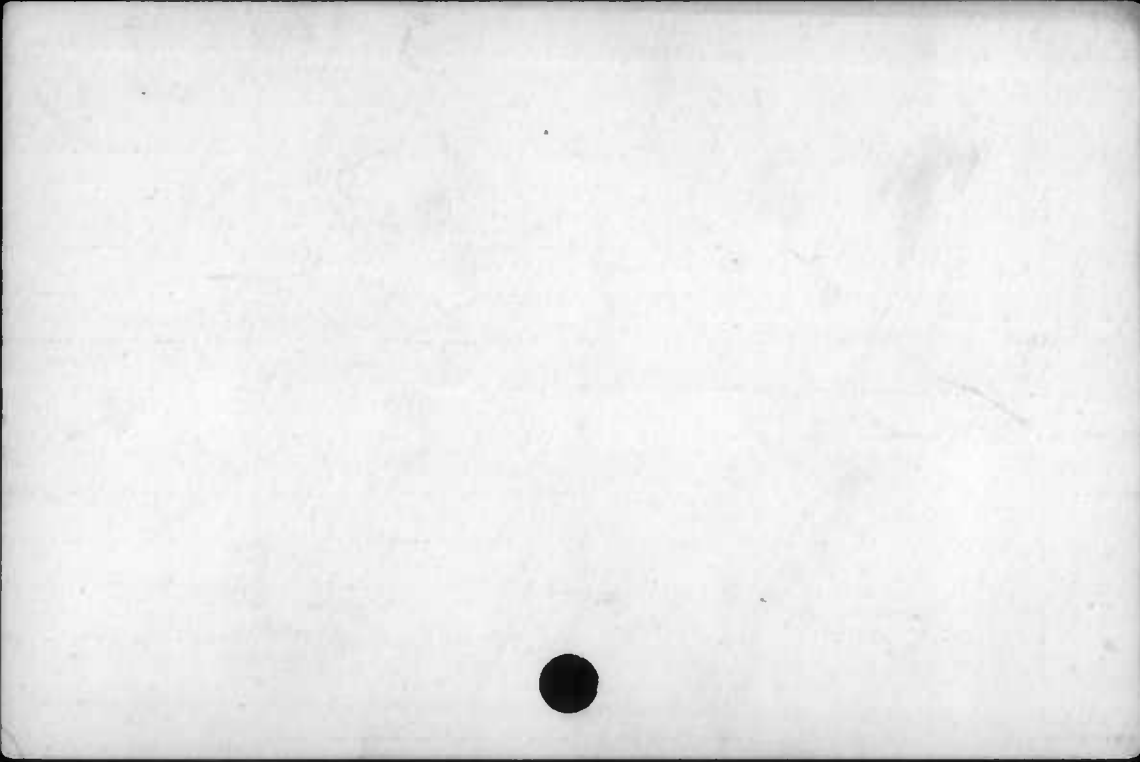
Died at <u>Lynchville</u> <small>Town</small>		<u>Barrow</u> <small>County</small>		MARYLAND	
Date of death <u>1909</u>	<u>4</u> <small>Month</small>	<u>13</u> <small>Day</small>	<u>23</u> <small>Years</small>	<u>4</u> <small>Months</small>	<u>8</u> <small>Days</small>
Sex <u>Female</u>	Color or Race <u>White</u>		Birth-place <u>Ind -</u>		
Occupation <u>Domestic</u>			Where Residing if not at place of death <u>-</u>		
Married, Single or Widowed <u>married</u>	Name of wife or Husband <u>Charles Raymond Brownley</u>				
Father's Name <u>J. Harry Forkle</u>	Father's Birthplace <u>Pa</u>				
Mother's Maiden Name <u>Elizabeth E. Pristzky</u>	Mother's Birthplace <u>Pa</u>				
Name of person giving information <u>Dr Brownley</u>	How related to deceased <u>husband</u>				

CAUSES OF DEATH

50

PHYSICIAN
OR CORONER

Primary <u>Diabetes Mellitus</u>	How long <u>-</u>
Immediate <u>Toxemia</u>	How long <u>-</u>
Are the name, age, sex, color, date and place correctly given above? <u>yes</u>	Signature of Physician <u>W. Frank Lucas M.D.</u>
	Address <u>Lynchville, Ind.</u>
Accident or Suicide? <u>no</u>	



Name
in
Full

William Carpenter Butts

CERTIFICATE OF DEATH

Town

Sykesville

County

Carroll

MARYLAND

Died at

Date

of death 1909

Month

April

Day

24

Years

Age 30

Months

11

Days

21

Sex

Male

Color or
Race

White

Birth-
place

Balto. City

Occupation

Clergyman

Where Residing If not
at place of death

same

Married, Single
or Widowed

married

Name of Wife or
Husband

Emma J. Butts

Father's
Name

Wm M. Butts

Father's
Birthplace

Texas

Mother's
Maiden Name

Mary A. Llewellyn

Mother's
Birthplace

Balto. City

Name of person giving
Information

Emma J. Butts

How related
to deceased

wife

CAUSES OF DEATH

Primary

Aortic Insufficiency

How long

20 yrs.

Immediate

Endocarditis

How long

6 mos.

Are the name, age, sex, color, date
and place correctly given above?

yes

Signature of
Physician

M D Morris

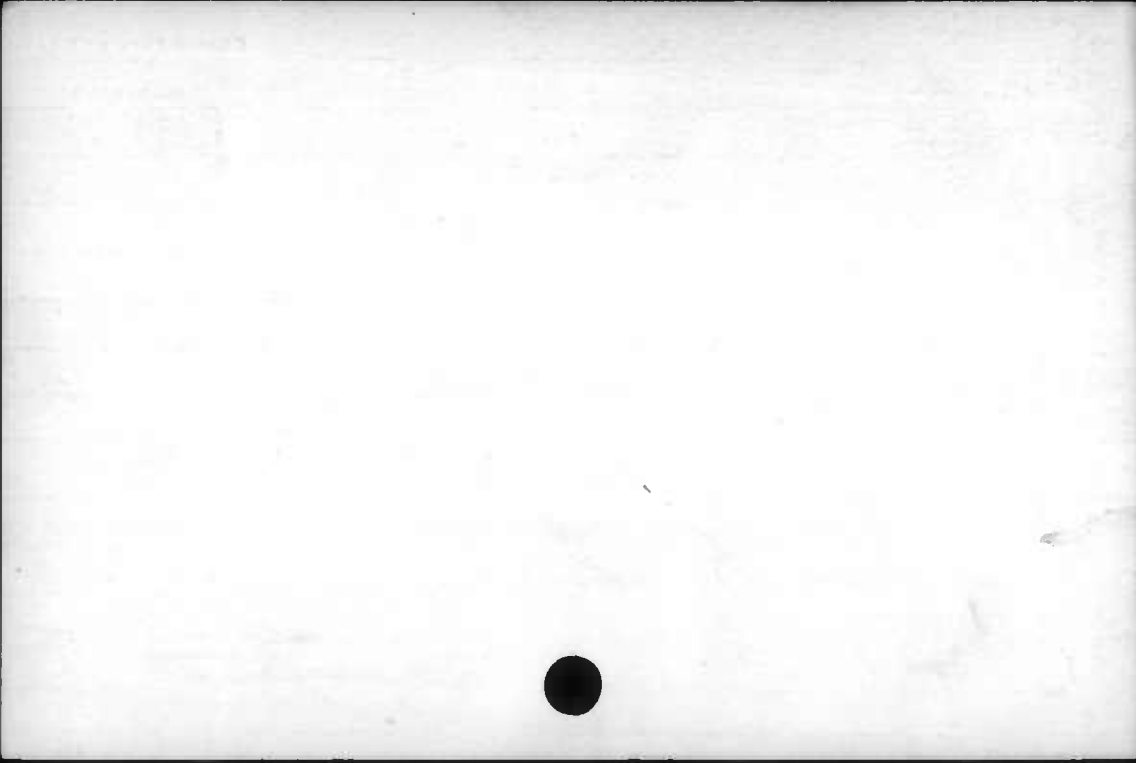
Address

Eldersburg
md.

Accident or Suicide

—

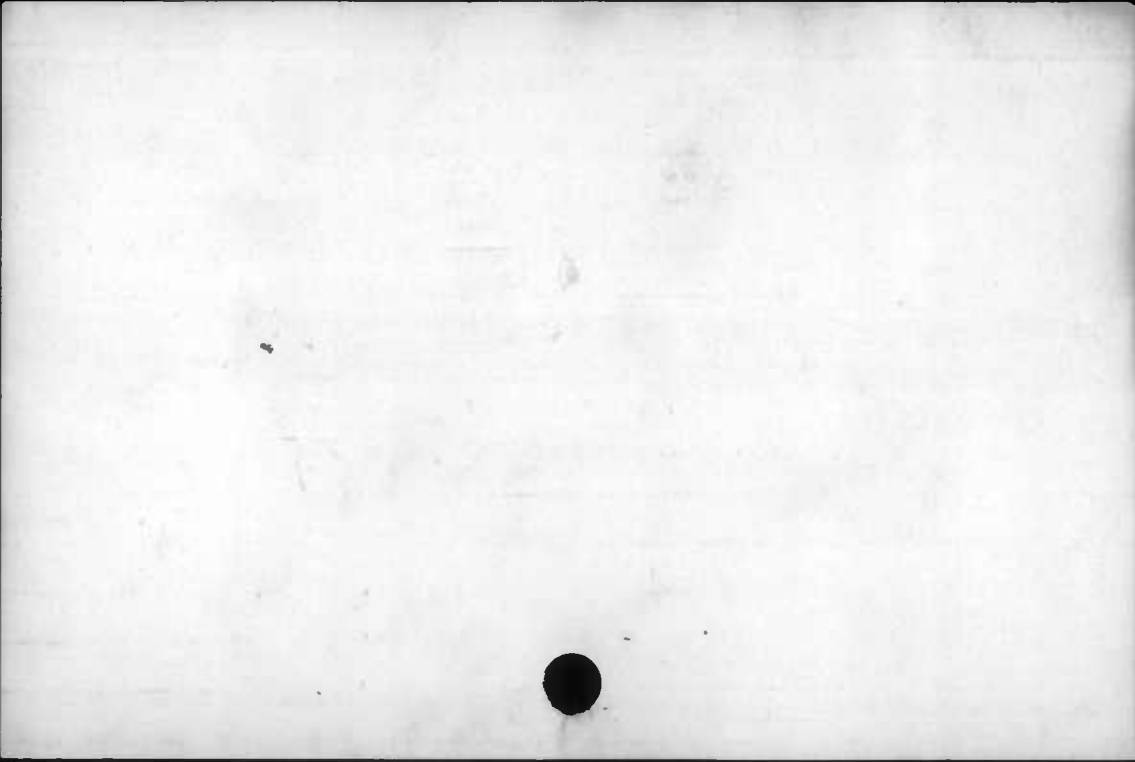
TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER



Name in Full		Town				County		CERTIFICATE OF DEATH			
TO BE ANSWERED BY NEAREST FRIEND		Died <i>Mar</i>		<i>Berrett</i>		<i>Carroll</i>		MARYLAND			
		Date of death <i>1909</i>		Month <i>Apr.</i>		Day <i>20</i>		Age <i>8.5</i>		Years <i>—</i> Months <i>—</i> Days <i>—</i>	
		Sex <i>Female</i>		Color or Race <i>Colored</i>		Birth-place <i>Balto. Co. Maryland</i>					
		Occupation <i>Housework</i>		Where Residing if not at place of death <i>near Berrett. Md.</i>							
		Married, Single or Widowed <i>Widow</i>		Name of Wife or Husband <i>John H. Berrett (deceased)</i>							
		Father's Name <i>William Norris (deceased)</i>		Father's Birthplace <i>Balto. Co. Md.</i>							
Mother's Maiden Name <i>Eliza Sanders (deceased)</i>		Mother's Birthplace <i>Balto. Co. Md.</i>									
Name of person giving information <i>Marion Fossitt</i>		How related to deceased <i>Daughter.</i>									
		CAUSES OF DEATH				(93)					
PHYSICIAN OR CORONER		Primary <i>Pneumonia</i>		How long <i>two weeks</i>							
		Immediate <i>Cachex. complication</i>		How long <i>two days</i>							
		Are the name, age, sex, color, date and place correctly given above? <i>yes</i>		Signature of Physician <i>A. T. Cronk.</i>							
				Address <i>Taylorville</i>							
Accident or Suicide?											

White Rocks.

Name in Full		Sarah Cressler				CERTIFICATE OF DEATH		
TO BE ANSWERED BY NEAREST FRIEND		Died at		Town Carrollton	County Carroll		MARYLAND	
		Date of death		1909	Month apr	Day 16	Age 71	Months —
		Sex		Female		Color or Race	White	
		Occupation		Housewife		Birth-place	Indiana	
		Where Residing if not at place of death		Same.				
		Married, Single or Widowed		Widow		Name of Wife or Husband		Daniel Cressler.
		Father's Name		George Crotches		Father's Birthplace		Unknown
Mother's Maiden Name		Unknown		Mother's Birthplace		Unknown.		
Name of person giving information		John W. Cressler		How related to deceased		Son		
CAUSES OF DEATH								
PHYSICIAN OR CORONER		Primary		La Grippe + Pneumonia		How long	10	
		Immediate		Heart Failure		How long	6 dg	
		Are the name, age, sex, color, date and place correctly given above?		Yes.				
		Signature of Physician		Edgar M. Bush M.D.				
		Address		Hampstead, Md				
Accident or Suicide?		X						



Name
in
Full

Ellen M. Cross

470
CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at ^{Town} Westminster ^{County} Carroll MARYLAND

Date of death 1909 ^{Month} April ^{Day} 19 Age ^{Years} 9 ^{Months} 9 ^{Days} 3

Sex Female Color or Race Colored Birth-place Maryland

Occupation _____ Where Residing if not at place of death _____

Married, Single or Widowed single Name of Wife or Husband _____

Father's Name John. Cross Father's Birthplace Maryland

Mother's Maiden Name Jennie McElaine Mother's Birthplace Maryland

Name of person giving Information Geo. Cross How related to deceased Father

CAUSES OF DEATH

Primary Broncho Pneumonia

Immediate Asthenia

92
How long

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Henry H. Fitzhugh M.D.
Westminster

Address

Accident or Suicide

PHYSICIAN
OR CORONER

Ellsworth
cemetery (Stoner.

Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

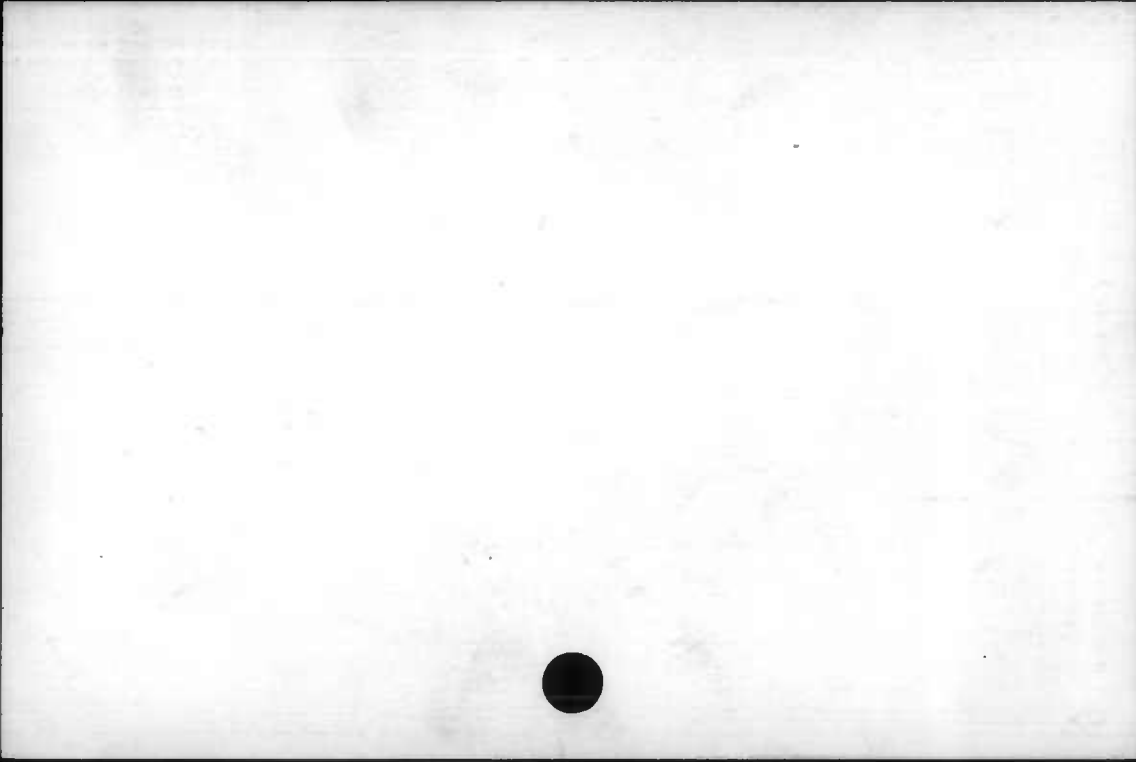
Died at		Town <i>Sylkesville</i>		County <i>Carroll</i>		MARYLAND	
Date of death		Month <i>April</i>	Day <i>9th</i>	Age <i>62</i>	Years <i>—</i>	Months <i>—</i>	Days <i>—</i>
Sex <i>Male</i>		Color or Race <i>White</i>		Birth- place <i>Unknown</i>			
Occupation <i>Unknown</i>				Where Residing if not at place of death			
Married, Single or Widowed <i>Unknown</i>		Name of Wife or Husband					
Father's Name <i>Unknown</i>		Father's Birthplace <i>Unknown</i>					
Mother's Maiden Name <i>Unknown</i>		Mother's Birthplace <i>Unknown</i>					
Name of person giving Information <i>Hosp. Records</i>		How related to deceased					

CAUSES OF DEATH

154

PHYSICIAN
OR CORONER

Primary	<i>Senile Dementia</i>	How long <i>23 years</i>
Immediate	<i>Cardiac Dilatation</i>	How long <i>9 days.</i>
Are the name, age, sex, color, data and place correctly given above?		Signature of Physician <i>E. H. Snively</i>
<i>yes</i>		Address <i>Springfield State High Sylkesville, Md.</i>
Accident or Suicide <i>No</i>		



Name
in
Full

Elizabeth Ann Dotson

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Winfield</i> ^{Town}		<i>Carroll</i> ^{County}		MARYLAND	
Date of death	<i>1909</i>	Month <i>4</i>	Day <i>17</i>	Age <i>73</i>	Months <i>-</i>
Sex <i>Female</i>	Color or Race <i>Colored</i>		Birth-place <i>Maryland</i>		
Occupation <i>Housework</i>	Where Residing if not at place of death <i>Winfield - Md.</i>				
Married, Single or Widowed <i>Widow</i>	Name of Wife or Husband <i>John Wesley Dotson (deceased)</i>				
Father's Name <i>Ross Thomas</i>	Father's Birthplace <i>Balto. C. Md.</i>		Mother's Birthplace <i>Balto. C., Md.</i>		
Mother's Maiden Name <i>Nellie Lawson</i>	Name of person giving information <i>Catherine Flanagan</i>		How related to deceased <i>Sister,</i>		

CAUSES OF DEATH

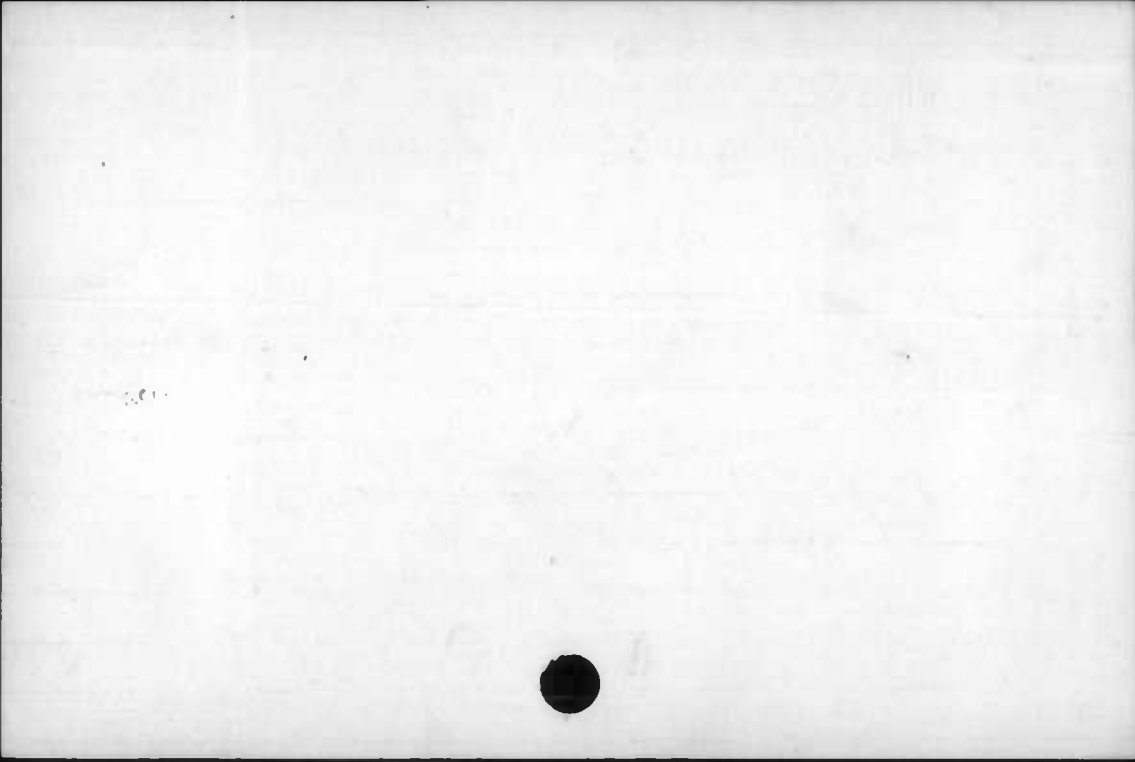
64

PHYSICIAN
OR CORONER

Primary <i>acute indigestion</i>	How long <i>one day</i>
Immediate <i>apoplexy</i>	How long <i>1 hour</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>E. O. Brink</i>
	Address <i>Winfield Md</i>
Accident or Suicide? <i>Carroll Co</i>	

Fairview

Name in Full		Matilda J Eckard				CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND	Died at		Town Taneytown	County Carroll		MARYLAND	
	Date of death	1909	Month Apr	Day 9	Age 75	Months 10	Days 19
	Sex	Female		Color or Race	White		
	Occupation	Housewife		Where Residing if not at place of death			
	Married, Single or Widowed	Widowed		Name of Wife or Husband Andrew J Eckard			
	Father's Name	John Brown			Father's Birthplace Unknown		
	Mother's Maiden Name	Sallie Boutson			Mother's Birthplace r		
	Name of person giving information	Alice S. Fuss			How related to deceased Daughter		
CAUSE OF DEATH							
PHYSICIAN OR CORONER	Primary	Softening of the brain (Thrombosis)				How long 1 year	
	Immediate	Heart failure				How long 48 hours.	
	Are the name, age, sex, color, date and place correctly given above?		yes		Signature of Physician D. St. J. J. J. M.D.		
	Address		Taneytown, Md.				
Accident or Suicide?		No.					



Name
in
Full

Elijah M Fisher
Town *Westminster* County *Carroll*

469
CERTIFICATE OF DEATH

MARYLAND

Diad at
Date of death 1909 April 16 Age 65 Months 6 Days 10

Sex Female Color or Race White Birth-place Maryland

Occupation None Where Residing if not at place of death

Married, Single or Widowed Single Name of Wife or Husband

Father's Name Louis Know

Father's Birthplace Out know

Mother's Maiden Name

Mother's Birthplace Out know

Name of person giving Information King Humbert

How related to deceased Friend

CAUSES OF DEATH

10

Primary Grip How long ten day

Immediate Scarf How long 24 hours

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician John S. Mathias

Address Westminster Md.

Accident or Suicide

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

County Home Cemetery
Stoner.

Name
in
Full

Estella Forreth

CERTIFICATE OF DEATH

Town

County

Died near Mount Airy

Carroll

MARYLAND

Date

Month

Day

Years

Months

Days

of death 1909

April

3

Age

—

—

—

Sex

Female

Color or
Race

Negro

Birth-
place

Above

Married, Single
or Widowed

Occupation

Name of Wife or
HusbandFether's
Name

Jas. Forreth

Father's
Birthplace

Md

Mother's
Maiden Name

Mary Forreth

Mother's
Birthplace

Md

Name of person giving
In formation

Jas. Forreth

How related
to deceased

Father

CAUSES OF DEATH

8

Primary

Premature birth (one of triplets)

How long

Immediate

Still born

How long

Are the name, age, sex, color, date
and place correctly given above?Signature of
Physician

J. W. Lacy

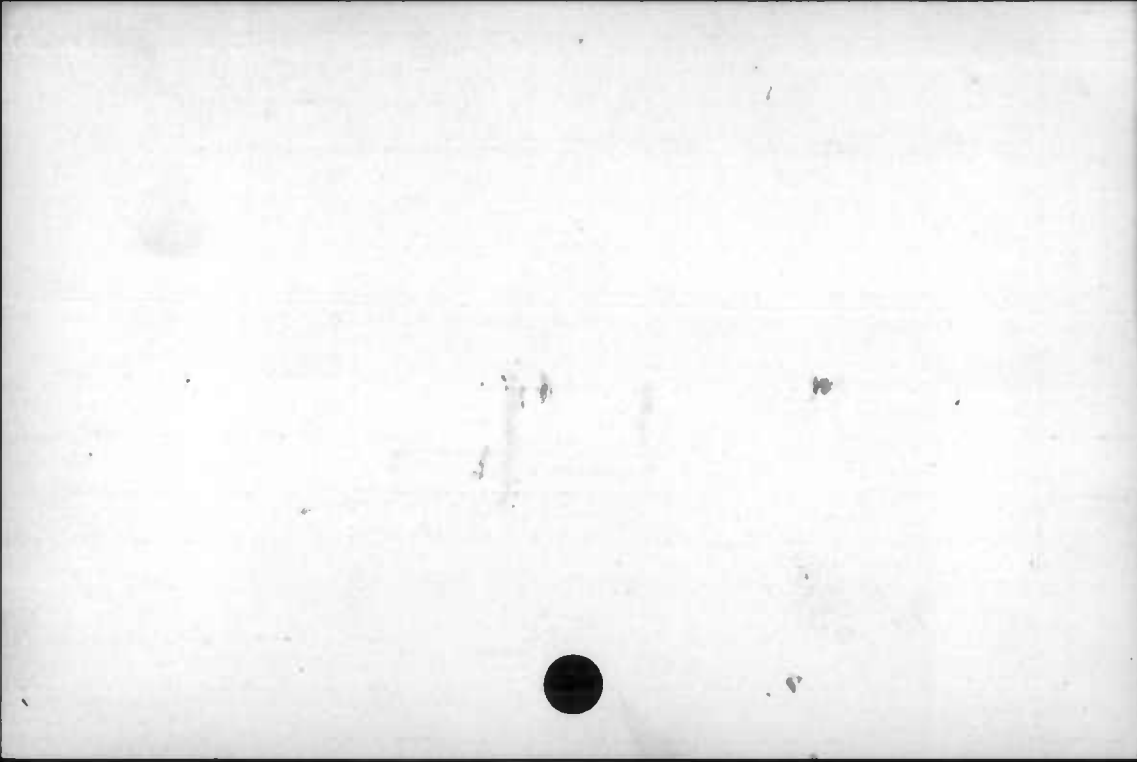
Address

Linton

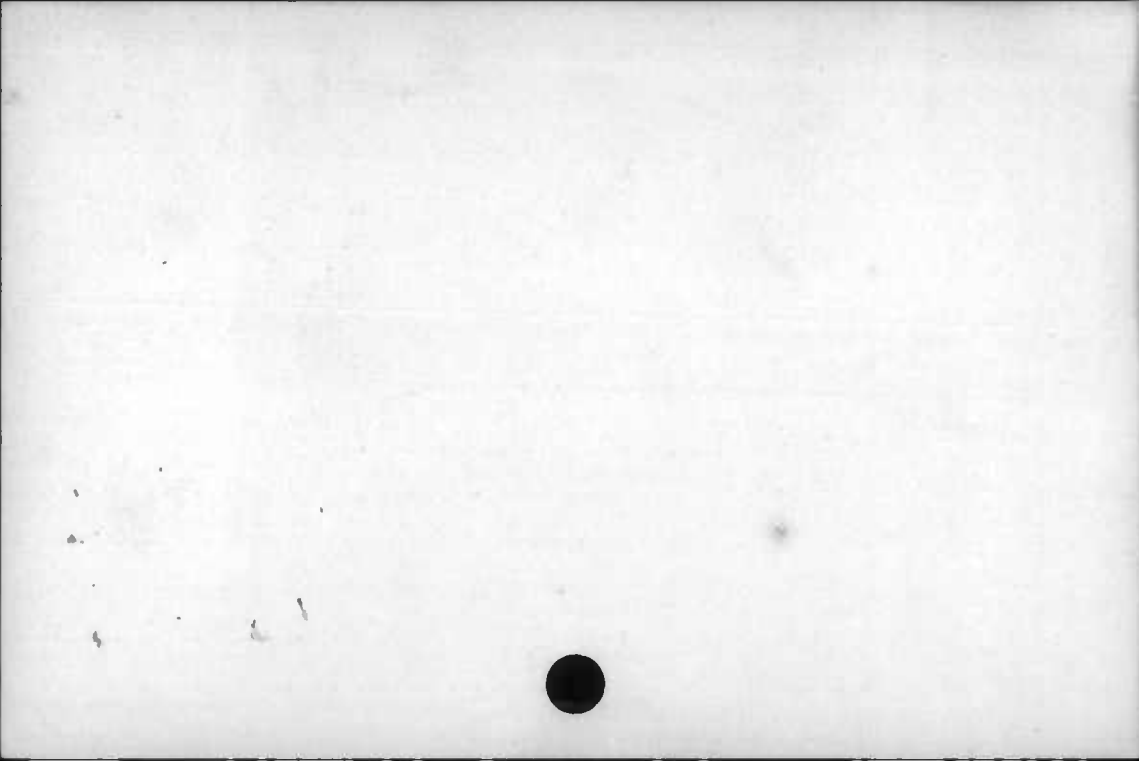
Accident or Suicide?

Md

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER



Name in Full		TOWN				COUNTY		STATE			
TO BE ANSWERED BY NEAREST FRIEND		Died at <i>near Mt. Airy</i>				<i>Carroll</i>		MARYLAND			
		Date of death 190 <i>9</i>		Month <i>April</i>	Day <i>3</i>	Age <i>—</i>	Years <i>—</i>	Months <i>—</i>	Days <i>—</i>		
		Sex <i>Male</i>		Color or Race <i>Negro</i>		Birth-place <i>Above</i>					
		Married, Single or Widowed <i>—</i>				Occupation <i>—</i>					
		Name of Wife or Husband <i>—</i>									
		Father's Name <i>Jas. Forrest</i>				Father's Birthplace <i>Mo</i>					
		Mother's Maiden Name <i>Mary Forrest</i>				Mother's Birthplace <i>Mo</i>					
PHYSICIAN OR CORONER		Name of person giving information <i>Jas Forrest</i>				How related to deceased <i>Father</i>					
		CAUSES OF DEATH				<div style="border: 1px solid black; border-radius: 50%; width: 40px; height: 40px; display: flex; align-items: center; justify-content: center; margin: 0 auto;"> <i>S</i> </div>					
		Primary <i>Premature birth</i>				How long <i>(one of triplets)</i>					
		Immediate <i>Still born</i>				How long <i>—</i>					
		Are the name, age, sex, color, date and place correctly given above?				Signature of Physician <i>J. W. Lacy</i>					
		<i>Yes</i>				Address <i>Libon</i>					
		Accident or Suicide?				<i>Mo</i>					



Name
in
Full

CERTIFICATE OF DEATH

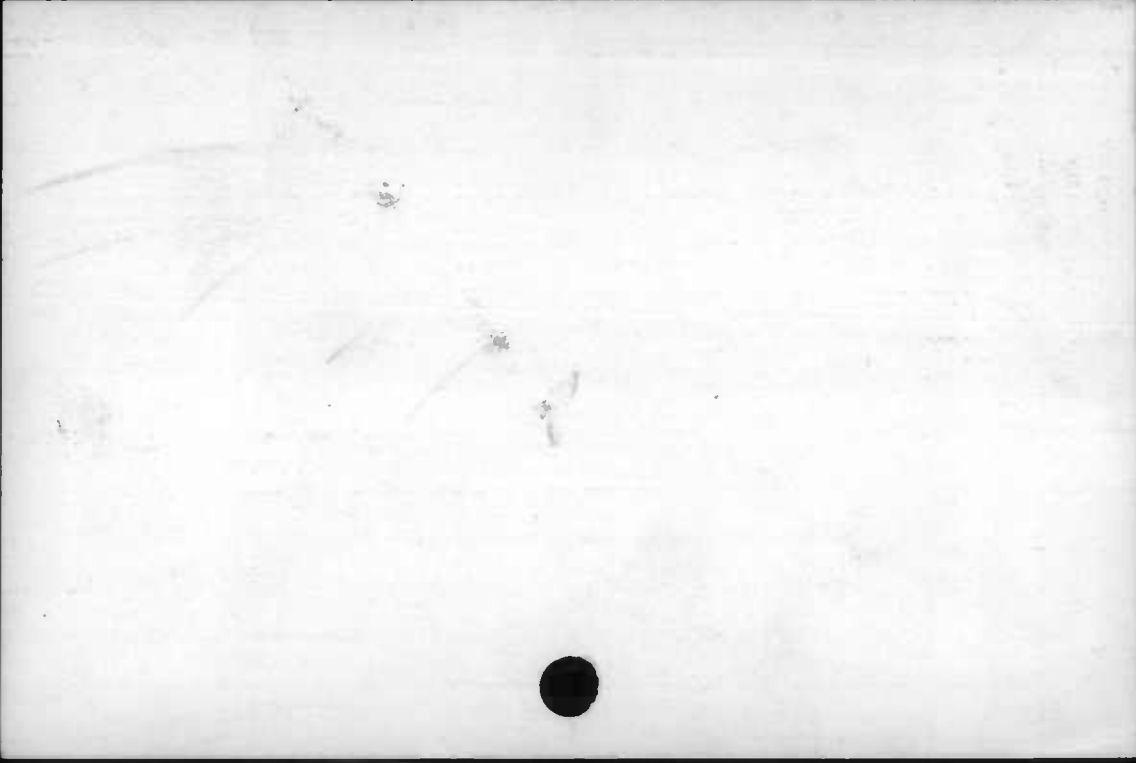
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>near Mt Airy</i>		Town <i>Joe Forsett</i>		County <i>Barroll</i>		MARYLAND	
Date of death <i>1909 April 3</i>		Month <i>April</i>		Day <i>3</i>		Age <i>3</i>	
Sex <i>Male</i>		Color or Race <i>Negro</i>		Birth-place <i>above</i>		Months <i>—</i>	
Occupation <i>—</i>		Where Residing if not at place of death <i>—</i>					
Married, Single or Widowed <i>—</i>		Name of Wife or Husband <i>—</i>					
Father's Name <i>Gas Forsett</i>		Father's Birthplace <i>MD</i>					
Mother's Marden Name <i>Mary Forsett</i>		Mother's Birthplace <i>MD</i>					
Name of person giving information <i>Gas Forsett</i>		How related to deceased <i>Father</i>					

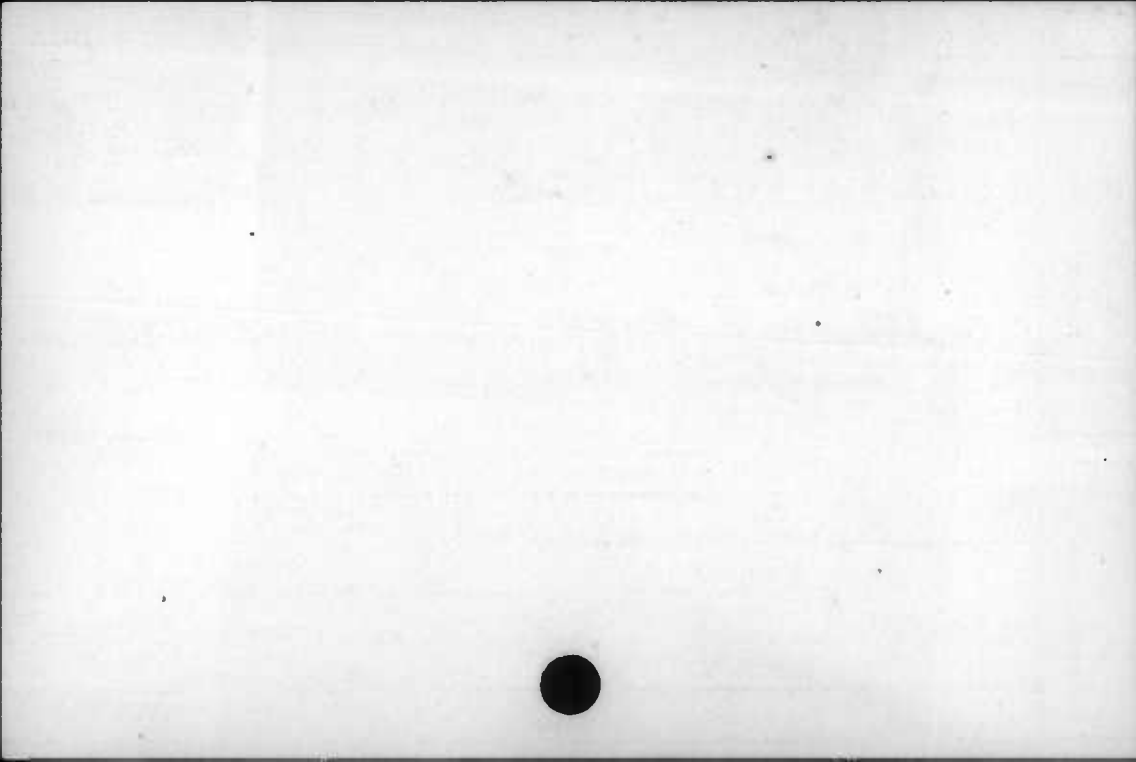
CAUSES OF DEATH

PHYSICIAN
OR CORONER

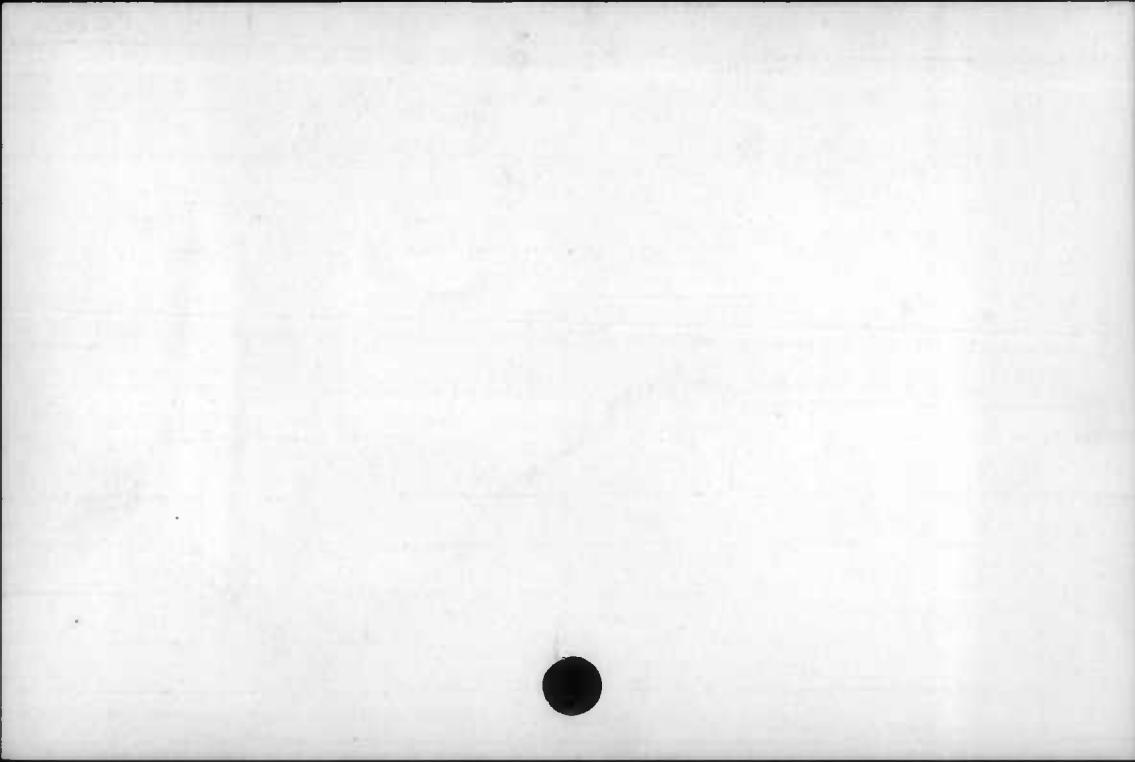
Primary	<i>Premature birth (one of triplets)</i>	How long	<i>8</i>
Immediate	<i>Still born</i>	How long	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician <i>J. W. Lacy</i>	
<i>Yes</i>		Address <i>Lisbon Md.</i>	
Accident or Suicide?			



Name in Full		Bessie Grock				CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND	Died at	Town Union Mills		County Carroll		MARYLAND	
	Date of death	1909	Month April	Day 16 th	Age	Years	Months Days
	Sex	Female		Color or Race	White		
	Occupation				Where Residing if not at place of death		
	Married, Single or Widowed				Name of Wife or Husband		
	Father's Name	Herbert Frock			Father's Birthplace Maryland		
	Mother's Maiden Name	Bessie Grock			Mother's Birthplace Maryland		
PHYSICIAN OR CORONER	Name of person giving information			How related to deceased			
	J. J. Stewart			S			
CAUSES OF DEATH							
PHYSICIAN OR CORONER	Primary			How long			
	Immediate			How long			
	Are the name, age, sex, color, date and place correctly given above?			Signature of Physician			
				Address			
	Accident or Suicide?						



Name in Full		Henry Galt				CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND	Died at		Town Taneytown		County Carroll		MARYLAND
	Date of death		Month April	Day 25th	Years 69	Months 3	Days 15
	Sex		Male		Color or Race	White	
	Occupation		Farmer		Birth-place	Carroll Co Md	
	Married, Single or Widowed		Married		Name of Wife or Husband Ann E. Galt		
	Father's Name		Sterling Galt		Father's Birthplace Carroll Co Md		
PHYSICIAN OR CORONER	Mother's Maiden Name		Margaret Grayson		Mother's Birthplace Frederick, Co Md		
	Name of person giving information		Anna Galt		How related to deceased daughter		
	CAUSES OF DEATH						(66)
	Primary		Cerebral edema			How long	
Immediate		Paralysis			How long 8 days		
Are the name, age, sex, color, date and place correctly given above?		yes		Signature of Physician C. Birnie M D			
				Address Taneytown Md			
Accident or Suicide?							



Name
in
Full

Susan S Getchy

X

468
CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>near Westminster</i> Town		<i>Carroll</i> County		MARYLAND	
Date of death	<i>1909</i>	Month	<i>April</i>	Day	<i>16</i>
Age		<i>25</i>	Years	<i>2</i>	Months
Sex		<i>Female</i>	Color or Race	<i>white</i>	Birth-place
Occupation		<i>House Wife</i>		Where Residing if not at place of death	
Married, Single or Widowed		<i>Widowed</i>		Name of Wife or Husband	
Father's Name		<i>Nicholas Stepline</i>		Father's Birthplace	
Mother's Maiden Name		<i>Mary In Miller</i>		Mother's Birthplace	
Name of person giving information		<i>Annie Getchy</i>		How related to deceased	
				<i>daughter</i>	

CAUSES OF DEATH

66

PHYSICIAN
OR CORONER

Primary	<i>Paralysis</i>	How long	<i>9 days</i>
Immediate	<i>Congestion Brain</i>	How long	<i>3 days</i>
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
<i>Yes</i>		<i>Jas. H. Billingslea</i>	
		Address	
		<i>Westminster Md.</i>	
Accident or Suicide?			
<i>No</i>			

St John's Catholic Church

Shaver

CERTIFICATE OF DEATH

MARYLAND

Date of death	1909	Month	April	Day	22	Age	78	Years		Months	5	Days	12
---------------	------	-------	-------	-----	----	-----	----	-------	--	--------	---	------	----

Sex *Male* Color or Race *White* Birth-place *Ind*

Occupation	Farmer	Where Residing if not at place of death	Mount Pleasant
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Married, Single or Widowed Widowed Name of Wife or Husband Rosam Greenwood

Father's Name *Ludrick Greenwald* Father's Birthplace *Ind*

Mother's Maiden Name *Catherine Shreen* Mother's Birthplace *Ind*

Name of person giving information	Thomas Blinde	How related to deceased	W
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CAUSES OF DEATH

95

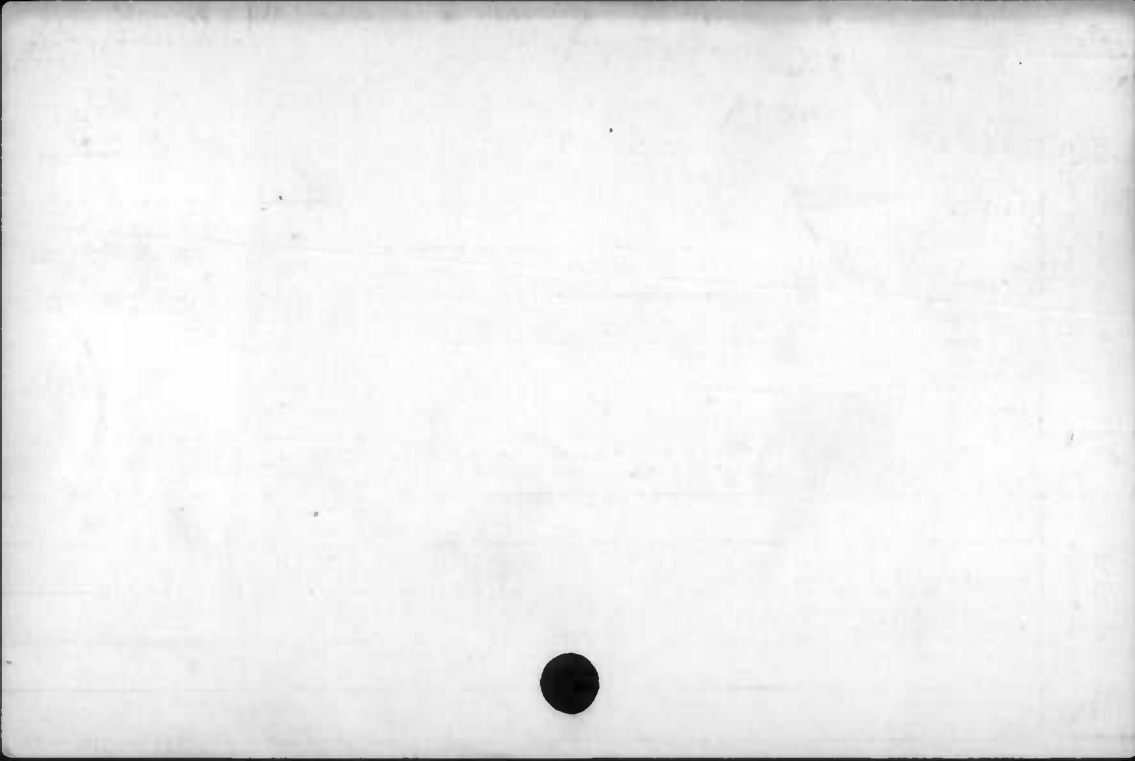
Primary	Constriction of Lung	How long	3 days.
Immediate	Cardiac Asthma	How long	1 day.

Are the name, age, sex, color, date and place correctly given above? *yes*

Signature of Physician

Address

Accident or Suicide?



Name
in
Full

Sarah Elwood Haines

~~475~~ 475
CERTIFICATE OF DEATH

Died at <u>Westminister</u> ^{Town}		<u>Carroll</u> ^{County}		MARYLAND	
Date of death	1909	Month	April	Day	24
Age	48	Years	9	Months	3
Sex	Female	Color or Race	White	Birth-place	Maryland
Occupation	Housekeeper	Where Residing if not at place of death	Home		
Married, Single or Widowed	Married	Name of Wife or Husband	Samuel Haines		
Father's Name	Samuel P. Whitmore	Father's Birthplace	Maryland		
Mother's Maiden Name	Rebecca Stambaugh	Mother's Birthplace	Maryland		
Name of person giving Information	Lucinda Haines	How related to deceased	Daughter-in-law		

CAUSES OF DEATH

52

Primary	Addison's Disease	How long	6 Mos -
Immediate	Exhaustion	How long	3 Weeks
Are the name, age, sex, color, data and place correctly given above?	yes	Signature of Physician	Chas R. Foutz
		Address	Westminister Md
Accident or Suicida	No		

in Sept 49

DATA WANTED
TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

Hanks Cemetery
Forest Co -

Stones

Name
in
Full

Paul Henry Harmon

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>6th dist.</i>		Town <i>Barroll</i>		County		MARYLAND	
Date of death	<i>1909</i>	Month	<i>4</i>	Day	<i>4</i>	Age	<i>21</i>
Sex <i>male</i>		Color or Race <i>white</i>		Birthplace <i>Maryland</i>		Months <i>21</i>	
Occupation <i>none</i>		Where Residing if not at place of death		Residence <i>Residence</i>			
Married, Single or Widowed <i>Single</i>		Name of Wife or Husband <i>_____</i>					
Father's Name <i>Otto Harmon</i>		Father's Birthplace <i>Maryland</i>					
Mother's Maiden Name <i>Ella Scholl</i>		Mother's Birthplace <i>Maryland</i>					
Name of person giving information <i>O.H. Harmon</i>		How related to deceased <i>Father</i>					

CAUSES OF DEATH

175

PHYSICIAN
OR CORONER

Primary	<i>Accidental Poisoning</i>	How long	<i>4 hours</i>
Immediate	<i>(over)</i>	How long	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician <i>John Szigler</i>	
<i>morphia sulphate, gr. 1/4</i>		Address <i>Westminster</i>	
Accident or suicide		<i>Md.</i>	

1/4 gr. morphia Sulphate, in powder form, intended for another patient in same house, and given by the mother of the child in a mistake.

Simply carelessness in handling the drug. — Dr. Ziegler.

Name
in
Full

Jacob H. Hess

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

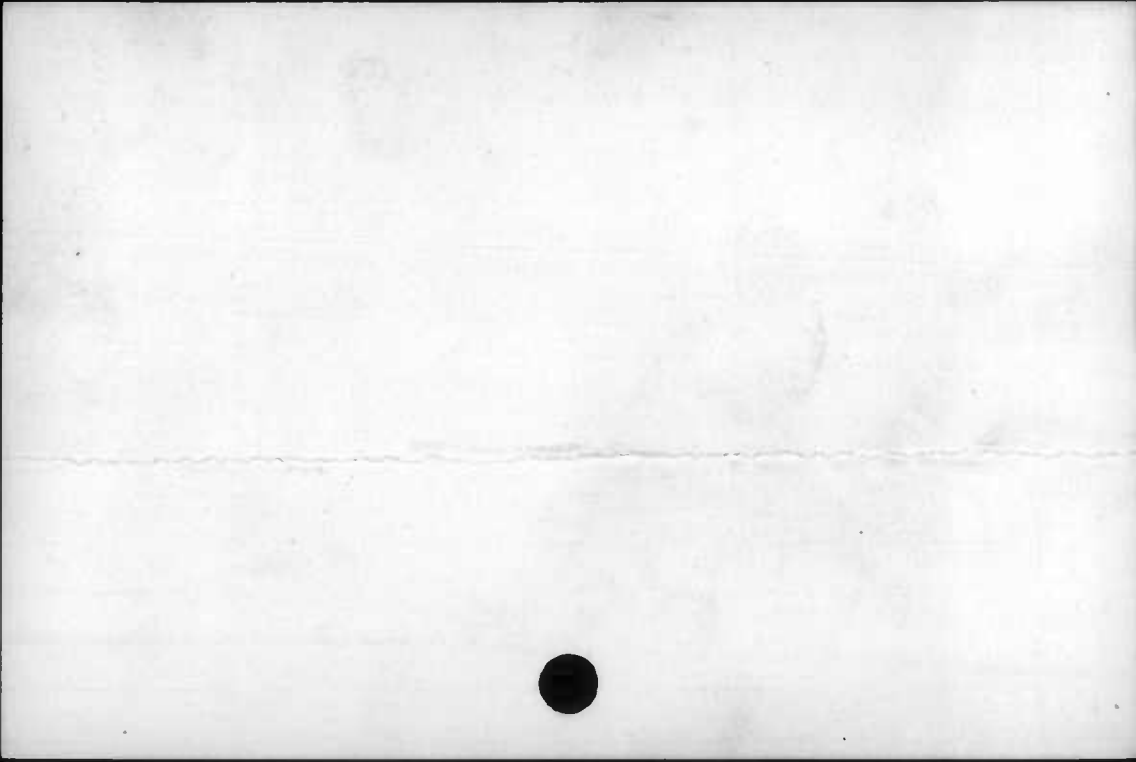
Died at <u>Uniontown</u>		County <u>Carmel</u>		MARYLAND	
Date of death	1909	Month	April	Day	15
Age		Years		Months	
Sex <u>Male</u>		Color or Race <u>White</u>		Birth-place <u>Pa</u>	
Occupation			Where Residing if not at place of death		
Married, Single or Widowed <u>Widowed</u>		Name of Wife or Husband <u>E C Jones</u>			
Father's Name <u>Unknown</u>			Father's Birthplace <u>Unknown</u>		
Mother's Maiden Name <u>" "</u>			Mother's Birthplace <u>" "</u>		
Name of person giving information <u>Mrs Harry Buchanan</u>			How related to deceased <u>Baughtin</u>		

CAUSES OF DEATH

120

PHYSICIAN
OR CORONER

Primary	<u>Chronic interstitial nephritis</u>	How long
Immediate		How long
Are the name, age, sex, color, date and place correctly given above? <u>Yes</u>		Signature of Physician <u>Henry M. Fighugh M.D.</u>
		Address <u>Westminster</u>
Accident or Suicide?		<u>Med.</u>



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name *William Sullivan Hoff* Town *New Windsor* County *Carroll* MARYLAND

Died at *New Windsor*

Date of death 190 *7* Month *April* Day *19* Age *—* Years Months *8* Days *11*

Sex *Female* Color or Race *White* Birth-place *Md*

Occupation *—* Where Residing if not at place of death *—*

Married, Single or Widowed *—*Name of Wife or Husband *—*

Father's Name

Samuel W. Hoff

Father's Birthplace

Md

Mother's Maiden Name

Emma C. Stehmer

Mother's Birthplace

Md

Name of person giving Information

Samuel W. Hoff

How related to deceased

Md

CAUSES OF DEATH

88

PHYSICIAN
OR CORONER

Primary

Laryngeal Obstruction

How long

Immediate

Respiratory Asthenia

How long

6 hrs

Are the name, age, sex, color, date and place correctly given above?

yes

Signature of Physician

J. H. Legg

Address

Union Bridge Md.

Accident or Suicide

no



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name *Howard Z. Johnson* Town *Lykesville* County *Carroll* MARYLAND

Died at *Lykesville* *Carroll*

Date of death 1909 *April* *9* *th* Day. *4* Years *4* Months *1* Days

Sex *Male* Color or Race *White* Birth-place *Md.*

Occupation *Farmer* Where Residing if not at place of death

Married, Single or Widowed *Married* Name of Wife or Husband *Unknown*

Father's Name *Howard Johnson* Father's Birthplace *Md.*

Mother's Maiden Name *Unknown* Mother's Birthplace *Md.*

Name of person giving Information *Host Records.* How related to deceased

CAUSES OF DEATH

167

PHYSICIAN
OR CORONER

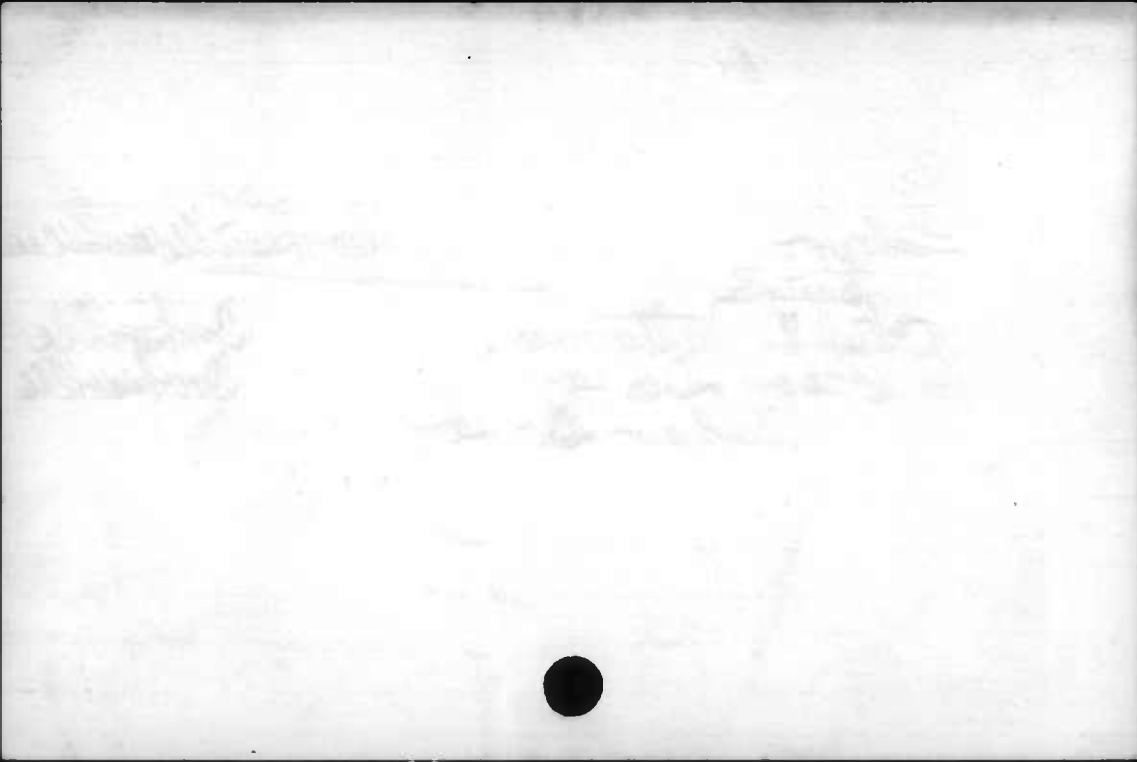
Primary *Dementia and St. Vitus' Dance.* How long *20 yrs.*

Immediate *Exhaustion (due to burn).* How long *progressive*

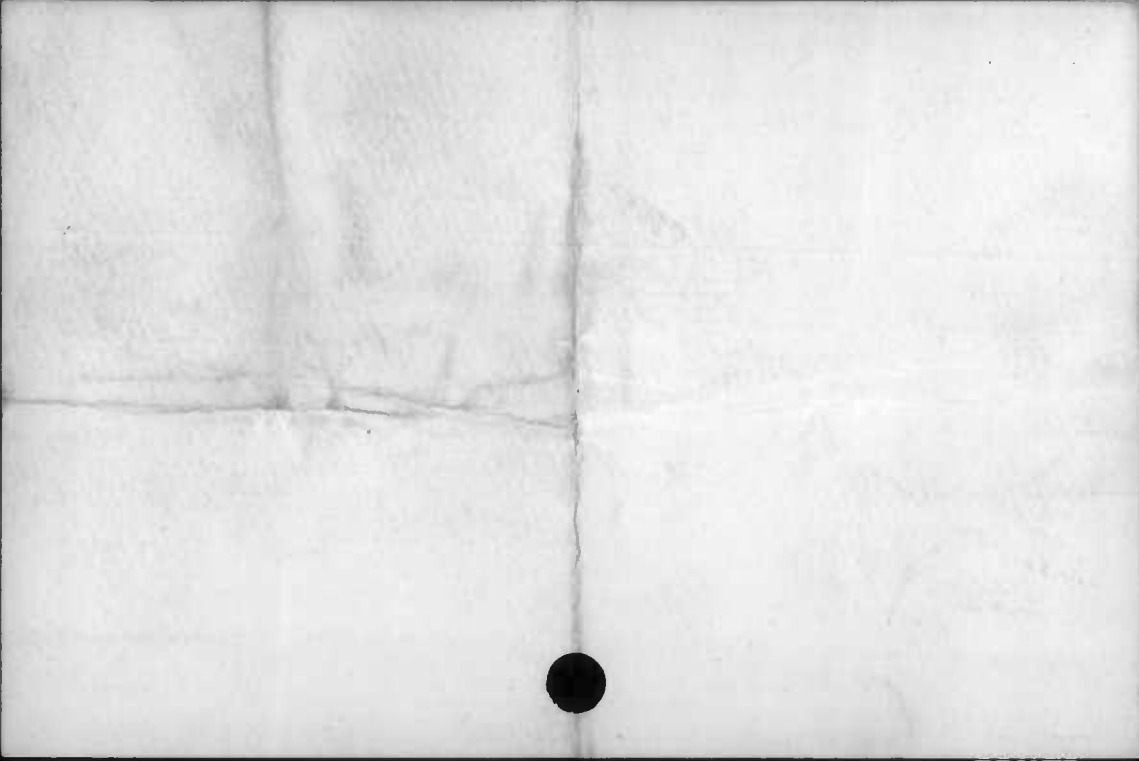
Are the name, age, sex, color, date and place correctly given above? *Yes* Signature of Physician *Harry F. Cusley*

Accidentally scalded on Address *Coroner*

buttocks. *Lykesville Md*



Name in Full		Mandilla Jones				CERTIFICATE OF DEATH			
TO BE ANSWERED BY NEAREST FRIEND	Died at <i>Manchester Wisch.</i>			County <i>Carroll</i>			MARYLAND		
	Date of death <i>1909</i>		Month <i>4</i>	Day <i>3</i>	Age <i>71</i>	Years	Months <i>8</i>	Days <i>2</i>	
	Sex <i>Female</i>		Color or Race <i>white</i>		Birth-place <i>Maryland</i>				
	Occupation <i>Nursing</i>			Where Residing if not at place of death			Residence		
	Married, Single or Widowed <i>widow</i>		Name of Wife or Husband			<i>Hezekiah H. Jones</i>			
	Father's Name <i>Philip Wentz</i>			Father's Birthplace			<i>unknown</i>		
	Mother's Maiden Name <i>Mary Krumrine</i>			Mother's Birthplace			<i>unknown</i>		
PHYSICIAN OR CORONER	Name of person giving information <i>Daniel Fuhrman</i>			How related to deceased			<i>Son-in-law</i>		
	CAUSES OF DEATH						95		
	Primary <i>Congestion of Lungs</i>			How long			<i>5 days</i>		
	Immediate <i>Heart Failure</i>			How long			—		
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>			Signature of Physician			<i>John Ziegler</i>			
			Address			<i>Westminster Md</i>			
Accident or Suicide?									



Name
in
Full

Vernon J. Keefer

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

MARYLAND

Died at <i>Copperville</i>		Town		<i>Barroll</i>		County	
Date of death 1909		Month	Day	Age	Years	Months	Days
			23		1	4	no
Sex <i>Male</i>		Color or Race <i>White</i>		Birth-place <i>Barroll to Md</i>			
Occupation <i>None</i>				Where Residing if not at place of death			
Married, Single or Widowed <i>Single</i>		Name of Wife or Husband					
Father's Name <i>Thomas, Keefer</i>		Father's Birthplace <i>Frederick to Md</i>					
Mother's Maiden Name <i>Virgie, B. Stultz</i>		Mother's Birthplace <i>Barroll to Md</i>					
Name of person giving Information <i>Susan, Bidingier</i>		How related to deceased <i>Grandmother</i>					

CAUSES OF DEATH

175

PHYSICIAN
OR CORONER

Primary	<i>Ammonia Poisoning</i>	How long	<i>few seconds</i>
Immediate	<i>Collapse</i>	How long	<i>3 days</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>		Signature of Physician <i>Chandos M. Blumer Md.</i>	
Address <i>Pansey Town Md.</i>			
Accident <i>Child accidentally drank Aqua Ammoniac</i>			

Buck Church

Name
in
Full

Elizabeth Lambert

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Die at *New Windsor* ^{Town} *Carroll* ^{County} **MARYLAND**

Date of death *1909* ^{Month} *April* ^{Day} *7* ^{Years} *89* ^{Months} ^{Days}

Sex *Female* Color or Race *White* Birth-place *Penn*

Occupation *Housewife* Where Residing if not at place of death *New Windsor*

Married, Single or Widowed *Widowed* Name of Wife or Husband *Daniel Lambert*

Father's Name *John Golly* Father's Birthplace *Penn*

Mother's Maiden Name *Elizabeth Golly* Mother's Birthplace *Penn*

Name of person giving information *Daniel T. Farley* How related to deceased *Son in Law*

CAUSES OF DEATH

91

PHYSICIAN
OR CORONER

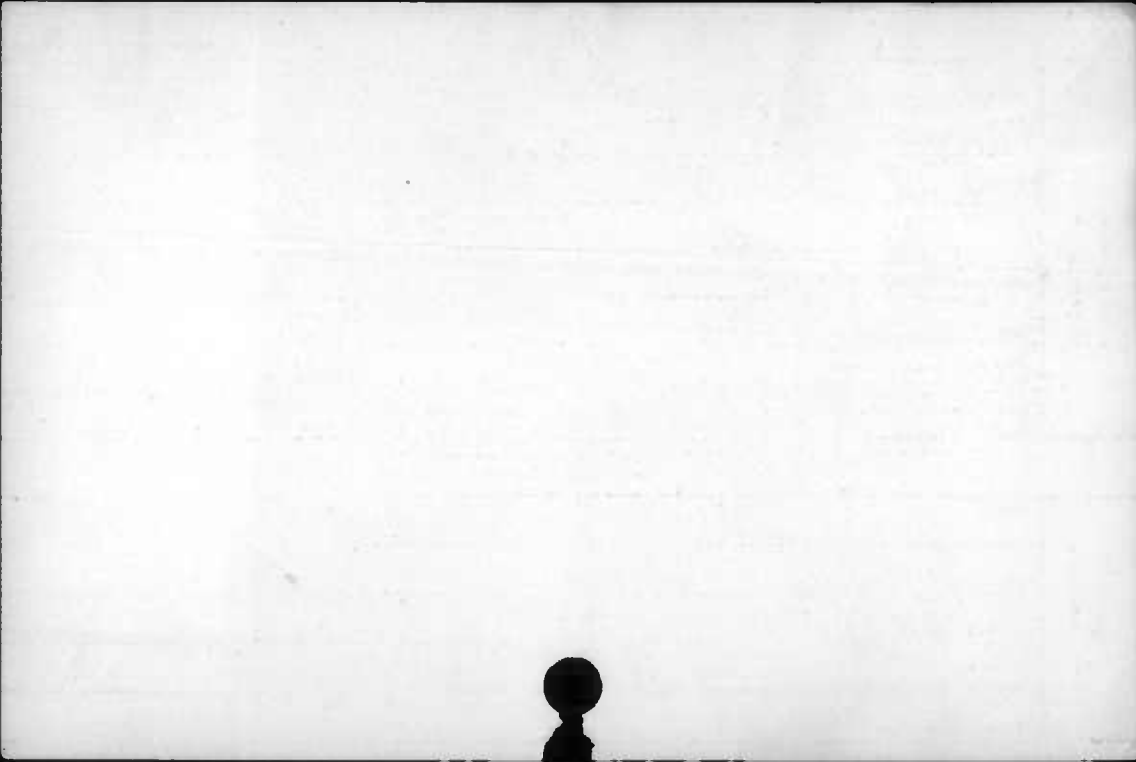
Primary *Brachitis* How long *Three months*

Immediate *debility* How long *Three weeks*

Are the name, age, sex, color, date and place correctly given above? *Yes* Signature of Physician *W. H. Brown*

Address *New Windsor*

Accident or Suicide? *No*



Name
in
Full

Sarah A. Lambert.

CERTIFICATE OF DEATH

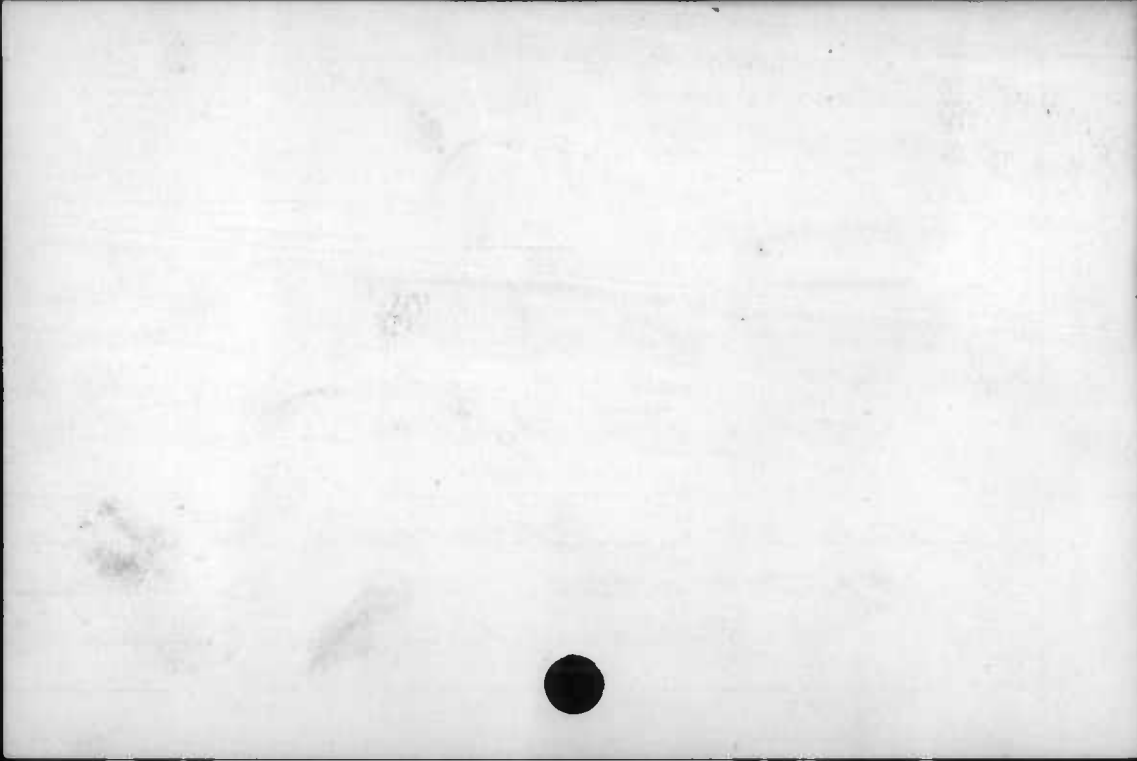
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Greenmount</i>		County <i>Parroll</i>		MARYLAND	
Date of death	<i>1909</i>	Month <i>April</i>	Day <i>7</i>	Age <i>78</i>	Years <i>8</i>
Sex <i>American</i>	Color or Race <i>White</i>		Birth-place <i>Houchsville</i>		
Occupation <i>Housekeeping</i>	Where Residing if not at place of death				
Married, Single or Widowed <i>Widowed</i>	Name of Wife or Husband <i>George W. Lambert.</i>				
Father's Name <i>Jacob Hildabrand</i>	Father's Birthplace <i>Houchsville</i>				
Mother's Maiden Name <i>Evelyn Ebaugh</i>	Mother's Birthplace <i>Houchsville</i>				
Name of person giving information <i>Katie J. Lambert</i>	How related to deceased <i>Daughter</i>				

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>La Grippe.</i>	How long <i>6 days.</i>
Immediate <i>Pneumonia</i>	How long <i>3 days.</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>J. H. Preston M.D.</i>
	Address <i>Hampstead, Md.</i>
Accident or Suicide?	



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Oscar Charles Leese
 Died at Deep Run Garnett MARYLAND
 Date of death 1909 April 18 Age 2 Months 2 Days 1
 Sex Male Color or Race White Birth-place Deep Run, Md.
 Occupation _____ Where Residing if not at place of death _____

Married, Single or Widowed _____ Name of Wife or Husband _____

Father's Name Clayton V. Leese Father's Birthplace Garnett
 Mother's Maiden Name Stella May Brock Mother's Birthplace Garnett
 Name of person giving Information Clayton V. Leese How related to deceased Father

CAUSES OF DEATH

92

Primary Gonorrheal Bronchitis How long 3 days
 Immediate Gonorrhea How long 6 hours

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician

Address

Lewis V. H. H.
Union Mills
Md.

Accident or Suicide

PHYSICIAN
OR CORONER



Name
in
Full466
CERTIFICATE OF DEATHTO BE ANSWERED BY
NEAREST FRIEND

Name in Full Zephaniah Leister		Town Brunnsmel.		County Carroll		State MARYLAND	
Died at Brunnsmel.		Month April		Day 11		Age 76	
Date of death 1909		Month April		Day 11		Age 76	
Sex Male		Color or Race White		Birth-place Maryland		Months 6	
Occupation Farmer		Where Residing if not at place of death —		Days 4			
Married, Single or Widowed Married		Name of Wife or Husband Emaline Galbreath		Father's Name David Leister		Father's Birthplace Maryland	
Mother's Maiden Name Hannah Schaeffer		Mother's Birthplace do		How related to deceased Son			
Name of person giving information Winfield S. Leister							
CAUSES OF DEATH							
Primary Heart -		How long 6 weeks -					
Immediate He art -		How long 24 hours -					
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician J. S. Mathins.		Address Westminster.			
Accident or Suicide?							

PHYSICIAN
OR CORONER

6

Leister
Hamer

Name
in
Full

Ellen Rosella Leppo

476
CERTIFICATE OF DEATHDied at *near Westminster Carroll* **MARYLAND**Date of death *1909 Apr. 28* Age *2* Months *—* Days *11*Sex *Female* Color or Race *White* Birth-place *Md.*Occupation *none* Where Residing if not at place of death *—*Married, Single or Widowed *single* Name of Wife or Husband *none*Father's Name *Percy Leroy Leppo* Father's Birthplace *Md.*Mother's Maiden Name *Etha Virginia Jones* Mother's Birthplace *Md.*Name of person giving information *Percy Leroy Leppo* How related to deceased *Father*

CAUSES OF DEATH

Primary *Bronchitis Pneumonia* How long *8 days*Immediate *Convulsions & Exhaustion* How long *2 days -*Are the name, age, sex, color, date and place correctly given above? *yes*

Signature of Physician

Address

Accident or Suicide *no*TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER

Badmaus Cemetery
Hester

Name
in Full

Paul William Leppo

477
CERTIFICATE OF DEATH

Died at *Mar Westminster* *Carroll* County **MARYLAND**

Date of death 1909 April 29 Age Months 4 Days 11

Sex *Male* Color or Race *White* Birth-place *Md*

Occupation Where Residing if not at place of death

Married, Single or Widowed *Single* Name of Wife or Husband *None*

Father's Name *Percy Leroy Leppo* Father's Birthplace *Maryland*

Mother's Maiden Name *Ester Virginia Jones* Mother's Birthplace *Maryland*

Name of person giving Information *Percy Leroy Leppo* How related to deceased *Father*

CAUSES OF DEATH

Primary *Marasmus* How long *3 mos*

Immediate *Convulsion & Exhaustion* How long *4 hrs*

Are the name, age, sex, color, date and place correctly given above? *Yes* Signature of Physician *Lebas R. Foutz*

Address *Westminster Md*

Accident or Suicide *No*

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

Backmans
Anxiety Store

Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

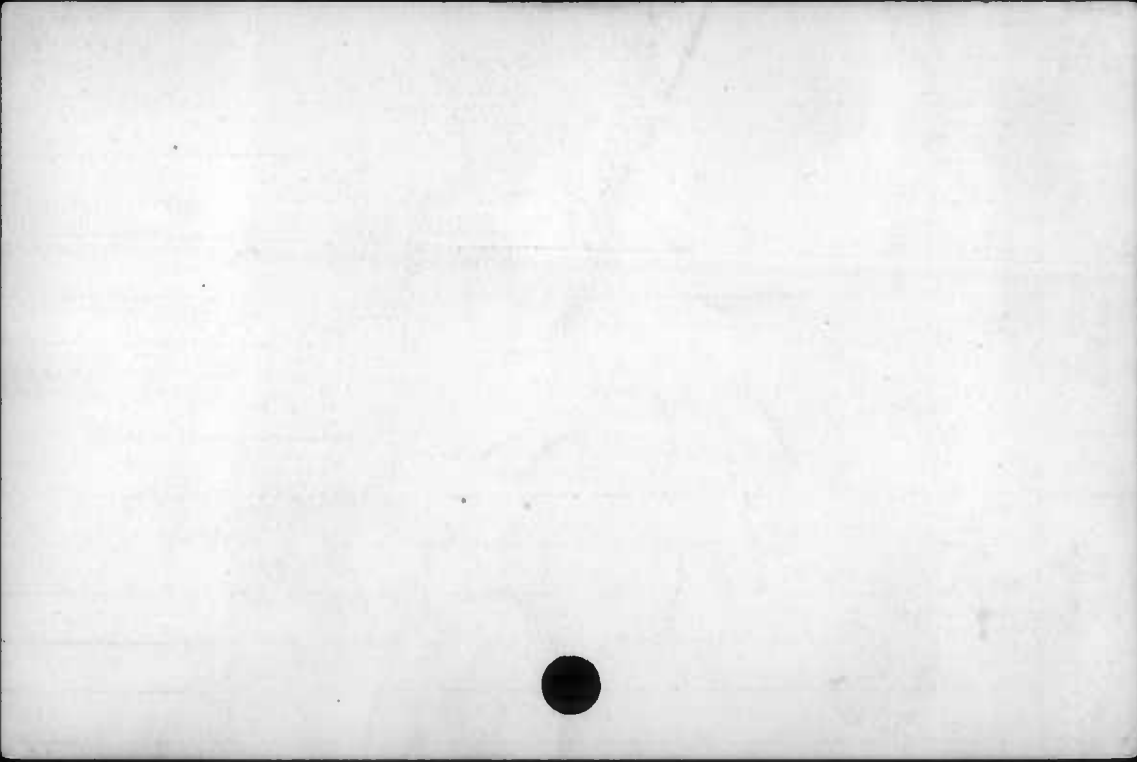
Died at <i>New Windsor Carroll</i> County		MARYLAND	
Date of death	1909 April 19	Age	76
Sex	Female	Color or Race	White
Occupation	Housewife	Birthplace	Ind
Where Residing if not at place of death	New Windsor		
Married, Single or Widowed	Widowed	Name of Wife or Husband	James R. Lantz
Father's Name	Nathan Richardson	Father's Birthplace	Ind
Mother's Maiden Name	Mary J. Blanklin	Mother's Birthplace	Ind
Name of person giving information	Stirling G. French	How related to deceased	Grandson

CAUSES OF DEATH

95

PHYSICIAN
OR CORONER

Primary	<i>Hypostatic Pneumonia</i>	How long	8 days
Immediate	<i>Exhaustion</i>	How long	3 days
Are the name, age, sex, color, date and place correctly given above?	yes.	Signature of Physician	<i>J. Heston Heath</i>
		Address	<i>New Windsor Ind.</i>
Accident or Suicide?			



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

MARYLAND

Died at

Kosa Matthews
Near Eldersburg

Carroll County

Date

of death 1909

Month

Apr.

Day

25

Age

Years

21 yrs

Months

4

Days

6

Sex

Female

Color or
Race

African

Birth-
place

Howard Co

Occupation

House Wife

Where Residing if not
at place of death

At her Parents

Married, Single
or Widowed

Married

Name of Wife or
Husband

Benj. F. Matthews

Father's
Name

Ol. Smith

Father's
Birthplace

Howard Co

Mother's
Maiden Name

Emma France

Mother's
Birthplace

Howard Co

Name of person giving
Information

Benj. F. Matthews

How related
to deceased

Husband

CAUSES OF DEATH

92

Primary

Catarrhal Pneumonia

How long

About 6 or 7 days

Immediate

Effect of same

How long

Several days

Are the name, age, sex, color, date
and place correctly given above?

Yes

Signature of
Physician

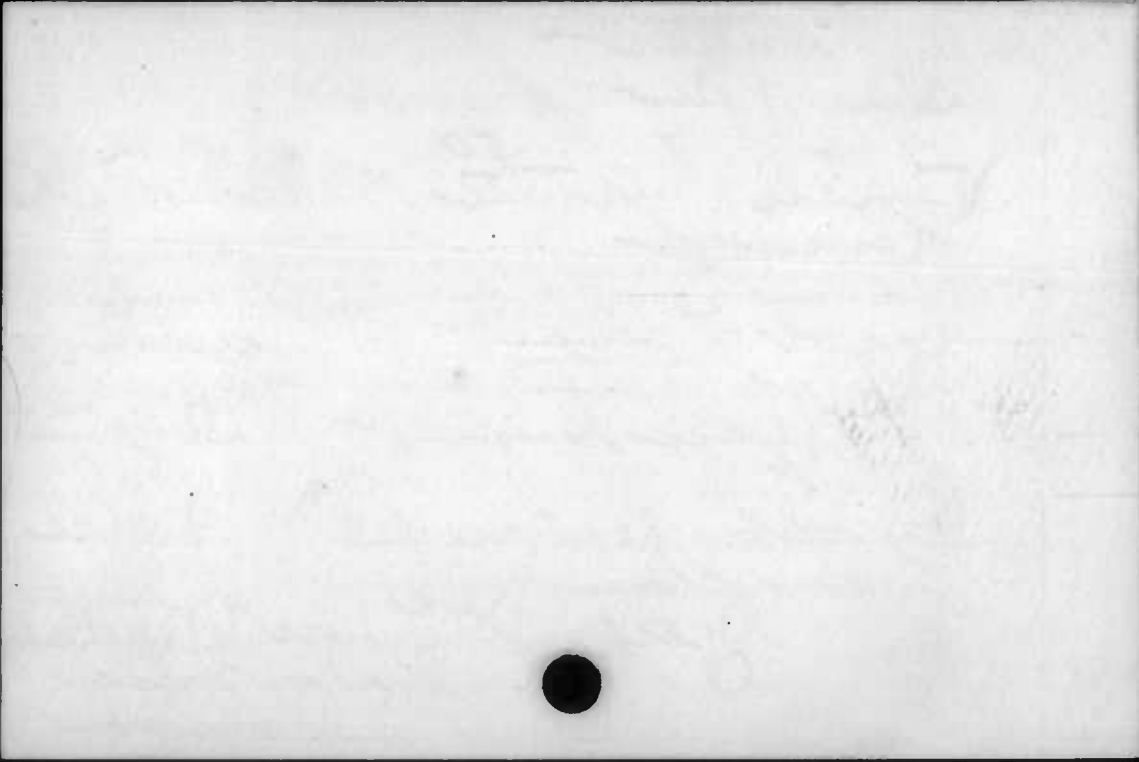
O. W. Hefner

Address

Sykesville Md.

Accident or Suicide?

No



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

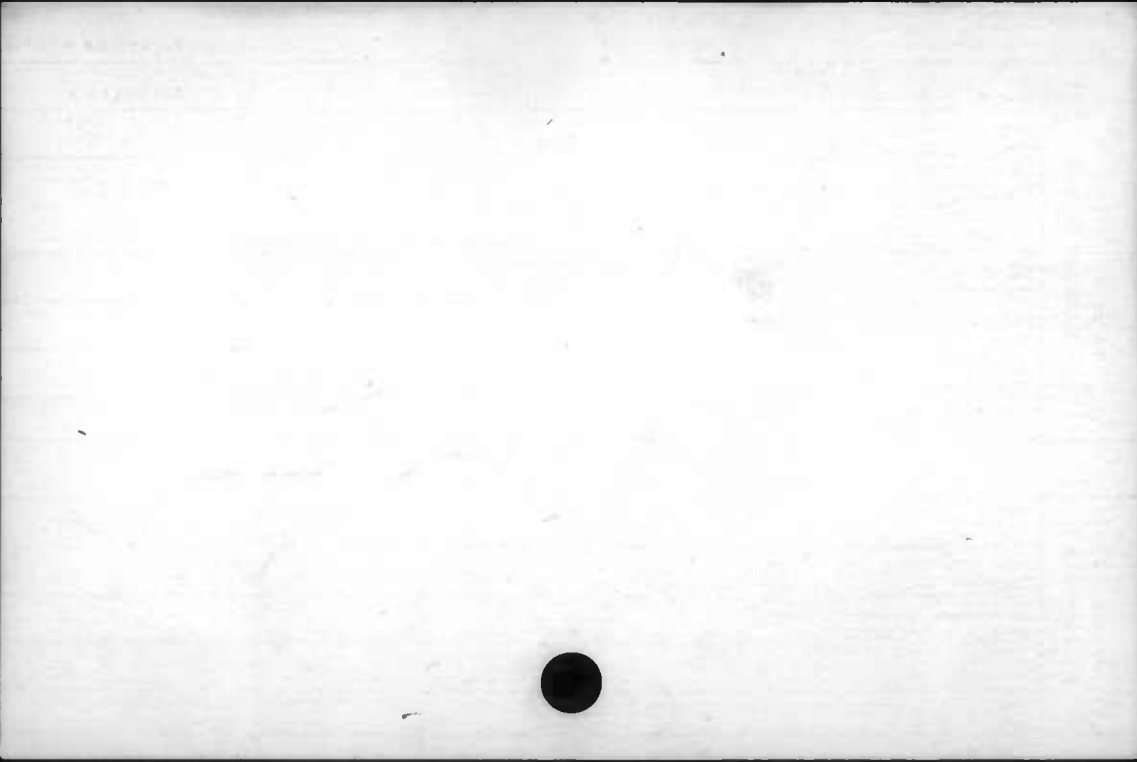
Name <i>Mary Miller</i>		Town <i>Deer Run</i>		County <i>Carroll</i>		State <i>MARYLAND</i>	
Died at <i>Deer Run</i>		Month <i>April</i>		Day <i>7</i>		Years <i>50</i>	
Date of death <i>1909 April 7</i>		Month <i>6</i>		Days <i>21</i>			
Sex <i>Female</i>		Color or Race <i>White</i>		Birth-place <i>Carroll Co. Md.</i>			
Occupation <i>Housewife</i>		Where Residing if not at place of death <i>Carroll Co. Md.</i>					
Married, Single or Widowed <i>Married</i>		Name of Wife or Husband <i>Iselson Miller</i>					
Father's Name <i>Jacob Lippy</i>		Father's Birthplace <i>Carroll Co. Md.</i>					
Mother's Maiden Name <i>Sarah Hardtime</i>		Mother's Birthplace <i>Carroll Co. Md.</i>					
Name of person giving Information <i>Offie Miller</i>		How related to deceased <i>Daughter</i>					

CAUSES OF DEATH

79

PHYSICIAN
OR CORONER

Primary	<i>Cerebral heart disease</i>	How long	<i>4 yrs</i>
Immediate	<i>Edema of lungs and heart failure</i>	How long	<i>2 days</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>		Signature of Physician <i>L. Lewis Wetzel M.D.</i>	
		Address <i>Union Mills Maryland</i>	
Accident or Suicide			



Name
in
Full

Alverta

Powell

467
CERTIFICATE OF DEATHTO BE ANSWERED BY
NEAREST FRIEND

Died at		Town		County		MARYLAND	
Date of death		Month	Day	Age	Years	Months	Days
1909		April	15			8	
Sex	Female		Color or Race	colored		Birth-place	md
Occupation	none		Where Residing if not at place of death				
Married, Single or Widowed	Single		Name of Wife or Husband				
Father's Name	Wm. Henry Powell				Father's Birthplace	md	
Mother's Maiden Name	Laura Woodard				Mother's Birthplace	md	
Name of person giving Information	Wm Henry Powell				How related to deceased	Father	

CAUSES OF DEATH

Primary	Whooping Cough.		How long	2 Mos -
Immediate	Pneumonia & Convulsions		How long	36 hours
Are the name, age, sex, color, date and place correctly given above?	yes	Signature of Physician	Chas. R. Fouts, M.D.	
		Address	Health Officer	
Accident or Suicide	no		Westminster, Md.	

PHYSICIAN
OR CORONER

Stories

Name
in
Full

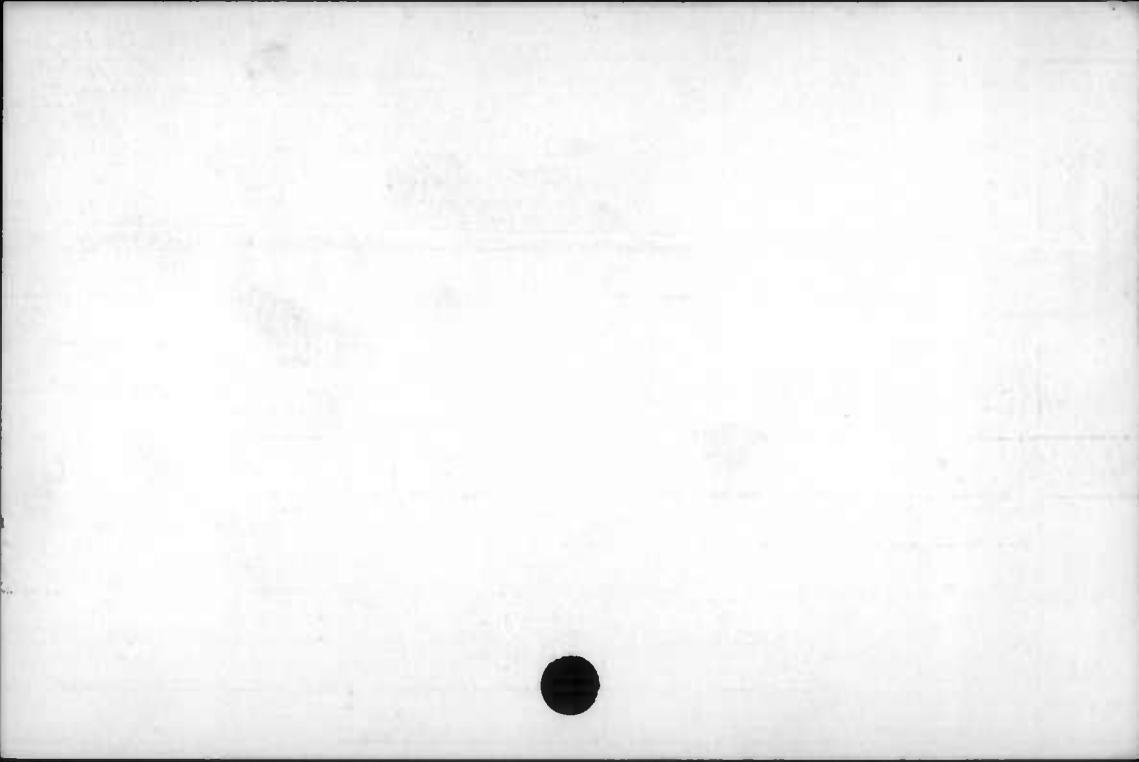
CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Hoods</i> Town <i>mill</i> County <i>barroll</i>		MARYLAND	
Date of death <i>1909 Apr</i>	Month <i>3</i>	Day <i>3</i>	Age <i>35</i>
Sex <i>male</i>	Color or Race <i>Black</i>	Birth-place <i>looks ville</i>	Months <i>—</i> Days <i>—</i>
Occupation <i>Labour</i>	Where Residing if not at place of death <i>looks ville Howard Co</i>		
Married, Single or Widowed <i>Single</i>	Name of Wife or Husband <i>—</i>		
Father's Name <i>Philip Prettyman</i>	Father's Birthplace <i>Cooks ville</i>		
Mother's Maiden Name <i>Peggy Dorsey</i>	Mother's Birthplace <i>Cooks ville</i>		
Name of person giving information <i>Andrew Dorsey</i>	How related to deceased <i>—</i>		

PHYSICIAN
OR CORONER

Primary <i>Struck by Engine at 650 R.R.</i>		CAUSES OF DEATH <i>164</i>
<i>Broken Neck and Jaw Bone</i>		How long <i>—</i>
Immediate <i>Immediate death</i>		How long <i>—</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>		Signature of Physician <i>Harry Fleury</i>
Address <i>Coroner</i>		<i>Sykesville Md</i>
Accident <i>Accident</i>		<i>—</i>



Name
in
Full

Frank C. Beck.

CERTIFICATE OF DEATH

Town

County

MARYLAND

Died at

Mt Union

Carroll

Date

of death

1909

Month

Apr

Day

10

Years

Age 51

Months

6

Days

Sex

Male

Color or
Race

White

Birth-
place

Md

Occupation

Butcher

Where Residing if not
at place of deathMarried, Single
or Widowed

Married

Name of Wife or
Husband

Martha Beck

Father's
Name

Henry Beck

Father's
Birthplace

Md

Mother's
Maiden Name

Not known

Mother's
Birthplace

Carroll Co

Name of person giving
Information

F. J. Shriver

How related
to deceased

None

CAUSES OF DEATH

56

Primary

Chronic Alcoholism

How long

12 yrs +

Immediate

Cardiac Asthenia

How long

Unknown (Heart Dead)

Are the name, age, sex, color, date
and place correctly given above?

yes

Signature of
Physician

J. H. Legg

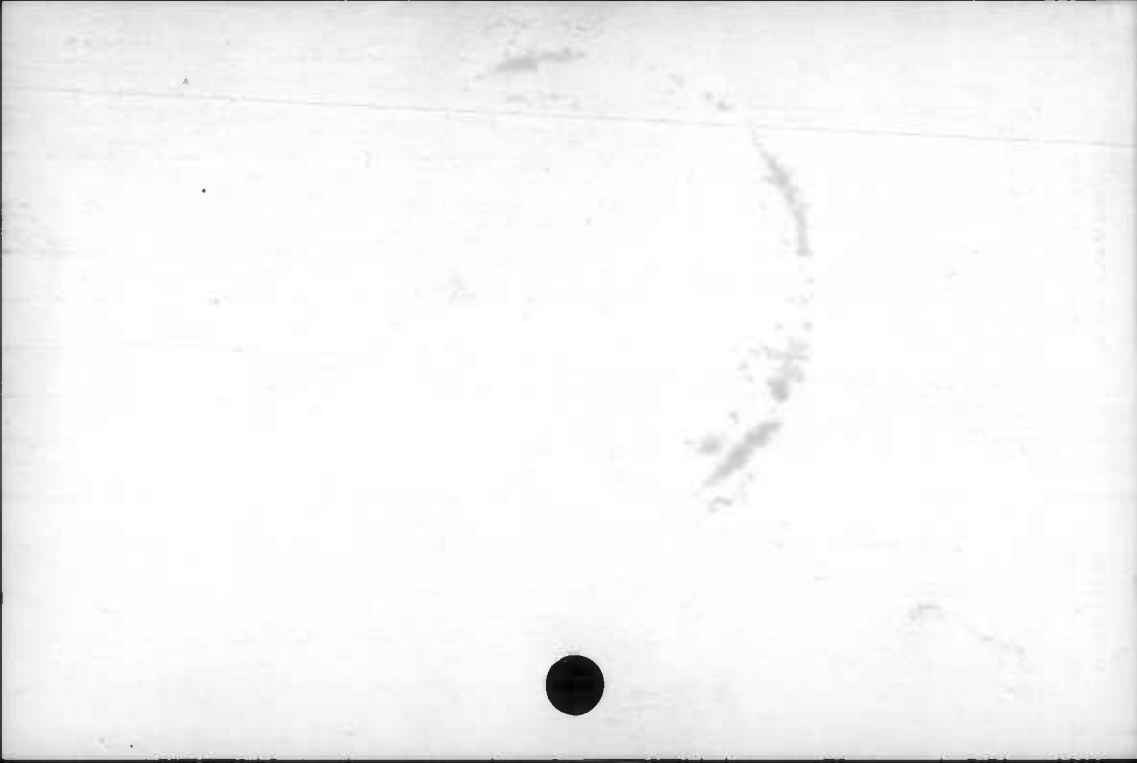
Address

Union Bridge Md

Accident or Suicide

no

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER



Name
in
Full

Mary Jane Bidingger

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

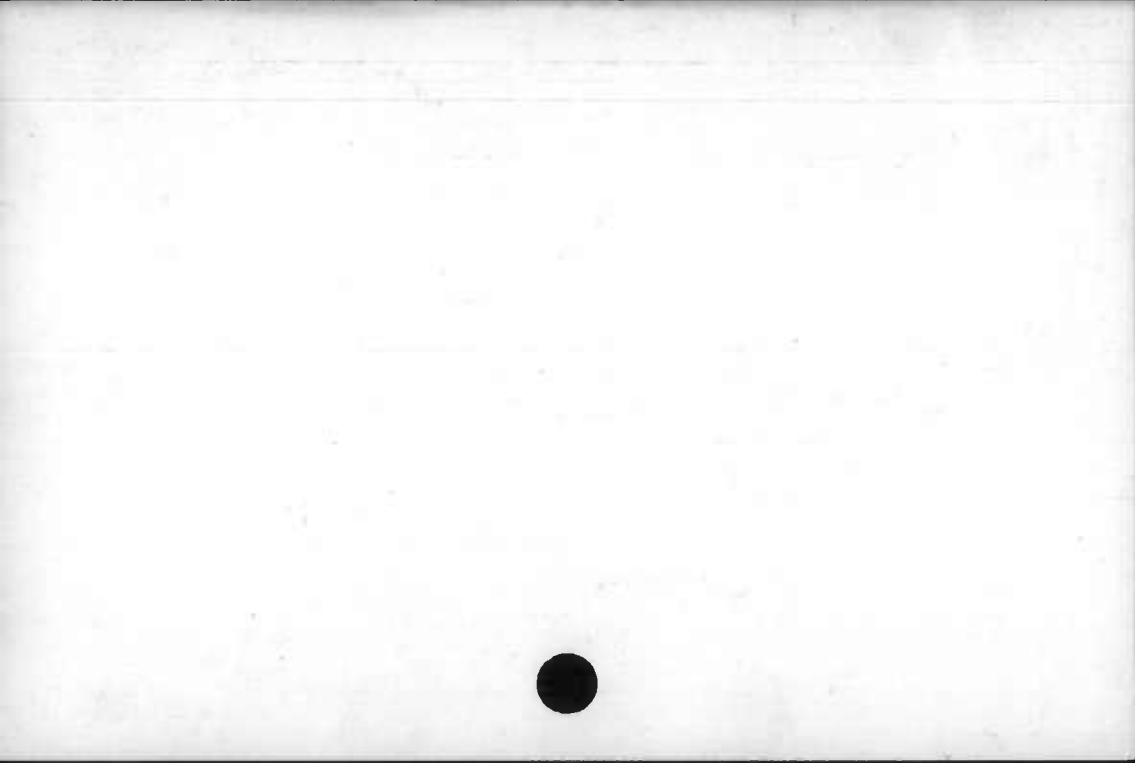
Died at		Town		County		MARYLAND	
Near		Harney		Carroll			
Date of death		Month	Day	Age	Years	Months	Days
1909		Apr	6	77		9	5
Sex	Female		Color or Race	White		Birth-place	Carroll Co Md
Occupation	Housewife			Where Residing if not at place of death			
Married, Single or Widowed	Widowed		Name of Wife or Husband				
John Hess		John Bidingger					
Father's Name	John Hess					Father's Birthplace	Unknown
Mother's Maiden Name	Barbara Weaver					Mother's Birthplace	Y
Name of person giving Information	John Bidingger					How related to deceased	Son

CAUSES OF DEATH

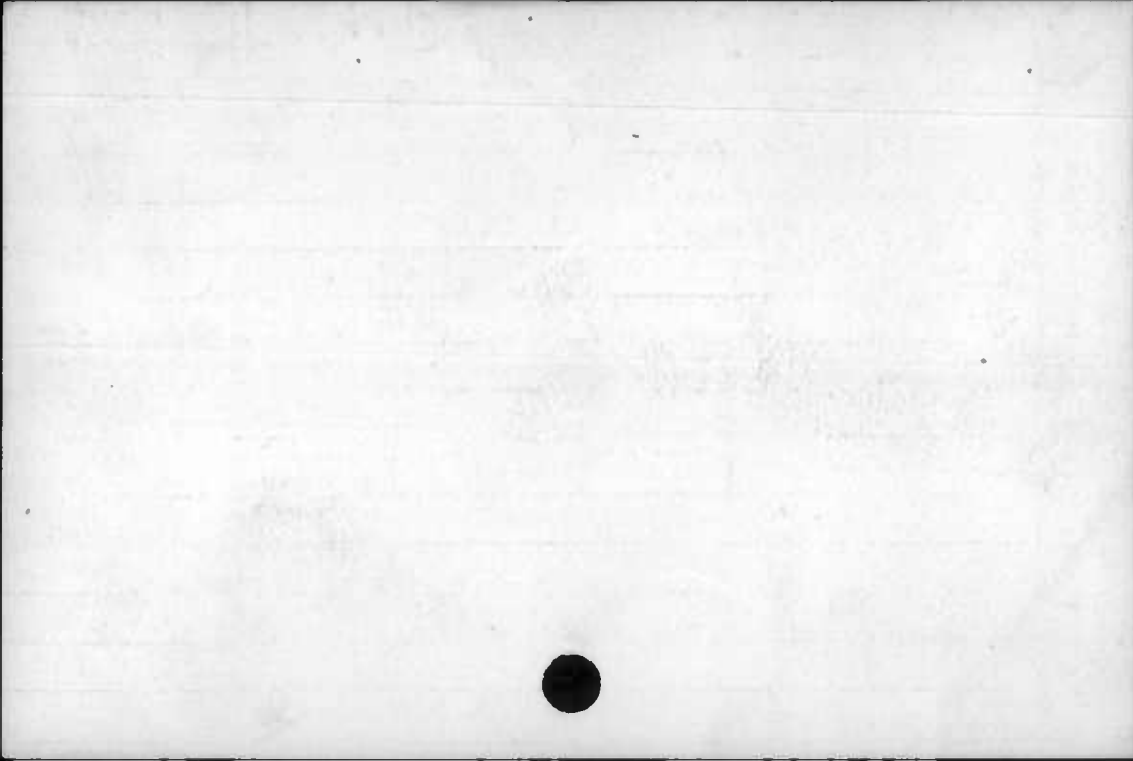
10

PHYSICIAN
OR CORONER

Primary	Grip	How long	5 days
Immediate	Pneumonia	How long	3 days
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
Yes		M. J. Bidingger	
		Address	
		Tany town	
		Md	
Accident or Suicide			



Name in Full		Francis G. Sellers				CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND	Died at	Town Manchester		County Carroll		MARYLAND	
	Date of death	1909	Month April	Day 22	Age 69	Months -	Days 11
	Sex	Female		Color or Race	White		Birth-place
	Occupation	House wife		Where Residing if not at place of death			
	Married, Single or Widowed	Widowed		Name of Wife or Husband Anna G. Sellers			
	Father's Name	Richard Jones				Father's Birthplace	West Va
	Mother's Maiden Name	Julia Sellers				Mother's Birthplace	Manchester
Name of person giving information	Anna G. Sellers				How related to deceased	Husband	
<div style="text-align: center;">CAUSES OF DEATH</div> <div style="text-align: right;">79</div>							
PHYSICIAN OR CORONER	Primary	Chronic Rheumatism				How long	15 years
	Immediate	Hypertrophy of Heart & Dropsy				How long	3 years
	Are the name, age, sex, color, date and place correctly given above?				Signature of Physician		
					Address		
				J. H. Sherman M.D. Manchester			
Accident or Suicide?				No			



Name
in
Full

Margaret A. Shipley

471
CERTIFICATE OF DEATHTO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Shipley</u> <small>Town</small>		<u>Carroll</u> <small>County</small>		MARYLAND	
Date of death	1909	Month	April	Day	23
Age	64	Years	2	Months	13
Sex	Female	Color or Race	white	Birth-place	Maryland
Occupation	House Wife		Where Residing if not at place of death		
Married, Single or Widowed	Married	Name of Wife or Husband	Grover J. Shipley		
Father's Name	James Barnes		Father's Birthplace	Maryland	
Mother's Maiden Name	don't know		Mother's Birthplace		
Name of person giving information	Grover J. Shipley		How related to deceased	Husband	

CAUSES OF DEATH

43

PHYSICIAN
OR CORONER

Primary	Cancer of heart + lungs	How long	18 months
Immediate		How long	11
Are the name, age, sex, color, date and place correctly given above?	yes	Signature of Physician	D. H. Shipley M.D.
		Address	Westminster Md.
Accident or Suicide?			

Zewin Cemetery
Shaner

Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

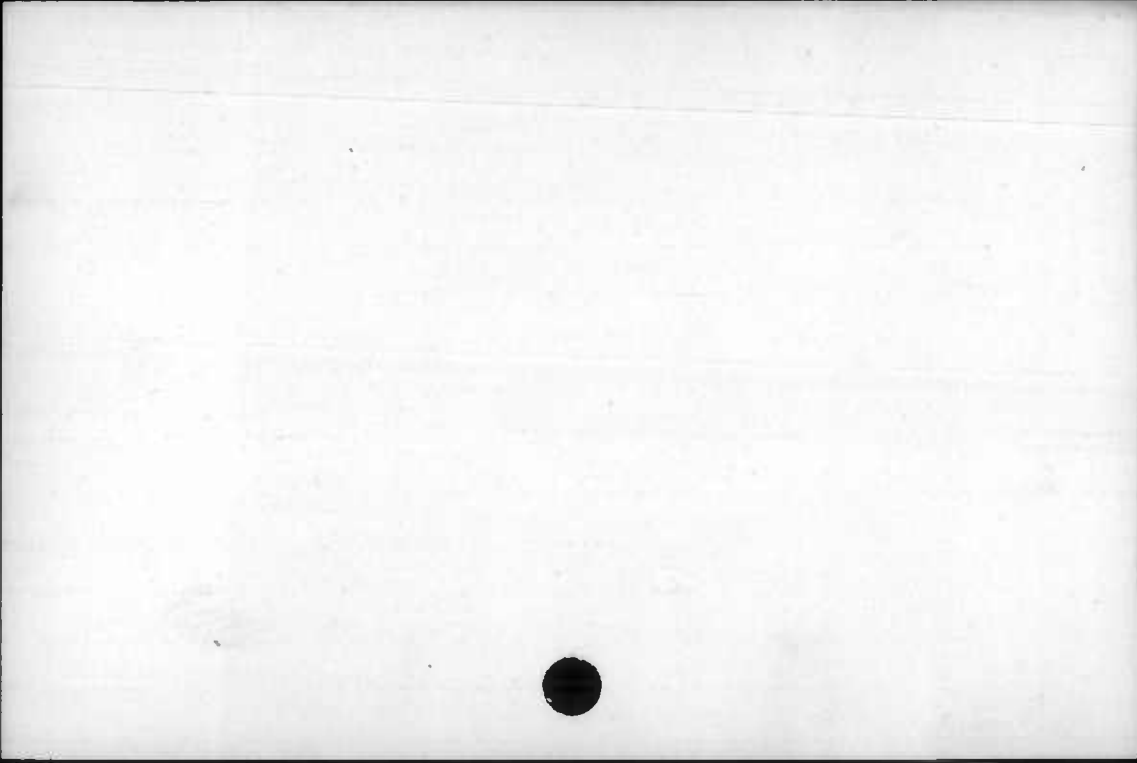
Died at <i>Cranberry</i> ^{Town}		<i>Carroll</i> ^{County}		MARYLAND	
Date of death	<i>1909</i>	Month <i>April</i>	Day <i>11</i>	Age <i>66</i> Years	Months <i>7</i> Days <i>28</i>
Sex <i>Female</i>	Color or Race <i>White</i>		Birth-place <i>Silver Run Md</i>		
Occupation <i>Housewife</i>	Where Residing if not at place of death <i>Cranberry</i>				
Married, Single or Widowed <i>Married</i>	Name of <i>Wife or</i> Husband <i>Abraham Snyder</i>				
Father's Name <i>Daniel Kernecker</i>	Father's Birthplace <i>Silver Run Md</i>				
Mother's Maiden Name <i>Mary Youngling</i>	Mother's Birthplace <i>Silver Run Md</i>				
Name of person giving information <i>Henry M Snyder</i>	How related to deceased <i>Brother in law</i>				

CAUSES OF DEATH

40

PHYSICIAN
OR CORONER

Primary <i>Tumor of Liver possibly Malignant</i>	How long <i>1 Year</i>
Immediate	How long
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>J H Sherman M.D.</i>
	Address <i>Manchester Md</i>
Accident or Suicide?	



Name
in
Full

Annie A. Steadman

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

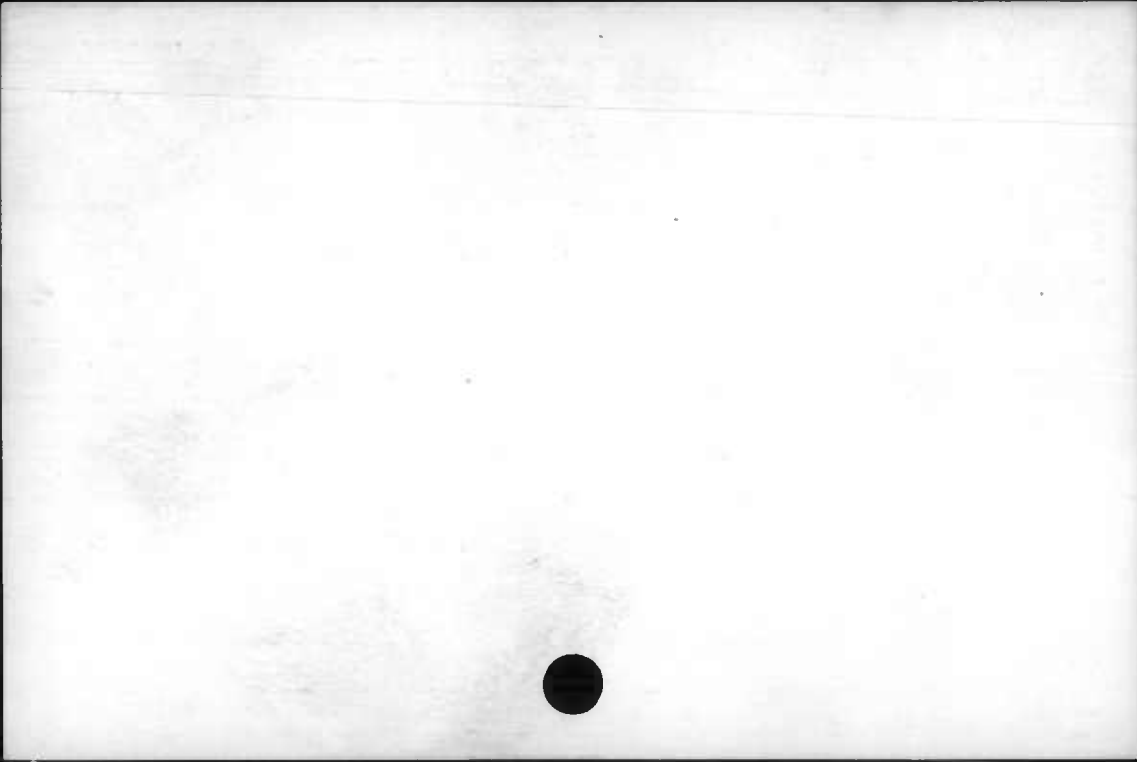
Died at <i>Springfield Hospital -</i>		County <i>Cannoe</i>		TOWN		MAYLAND	
Date of death <i>1909</i>		Month <i>April</i>		Day <i>16</i>		Years <i>23</i>	
Sex <i>Female</i>		Color or Race <i>White</i>		Birth-place <i>Baets. Ind.</i>		Months <i>-</i>	
Occupation <i>none</i>		Where Residing if not at place of death		Days <i>-</i>			
Married, Single or Widowed <i>Single</i>		Name of Wife or Husband					
Father's Name <i>James R. Steadman</i>		Father's Birthplace <i>Ind.</i>					
Mother's Maiden Name <i>Annie Thompson</i>		Mother's Birthplace <i>Ind.</i>					
Name of person giving Information <i>Hospital Records.</i>		How related to deceased <i>none</i>					

CAUSES OF DEATH

93

Primary	<i>Lobar Pneumonia</i>	How long	<i>2 days</i>
Immediate	<i>Cardiac failure</i>	How long	<i>Suddenly</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes.</i>		Signature of Physician <i>W. Henry Fisher M.D.</i>	
		Address <i>Sykesville Ind.</i>	
Accident or Suicide <i>no.</i>			

PHYSICIAN
OR CORONER



Name
in
Full

Noah Stonesifer

465
CERTIFICATE OF DEATH

Died at ^{own} Westminster County Maryland

Date of death 1909 Month April Day 7 Age 71 Years Months 1 Days 3

Sex Female Color or Race White Birthplace Maryland

Occupation Laborer Where Residing if not at place of death

Married, Single or Widowed Married Name of Wife or Husband Julian Stonesifer

Father's Name Daniel Stonesifer Father's Birthplace Maryland

Mother's Maiden Name Susan Fuhrman Mother's Birthplace Maryland

Name of person giving Information Julian Stonesifer How related to deceased Wife

CAUSES OF DEATH

Primary Pneumonia How long 18 Days

Immediate 12 How long 12

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

John I. Stewart
Westminster
Md

Accident or Suicide

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

St. Benjamins Cemetery
Stoner.

Name
in
Full

Catherin A Storm

CERTIFICATE OF DEATH

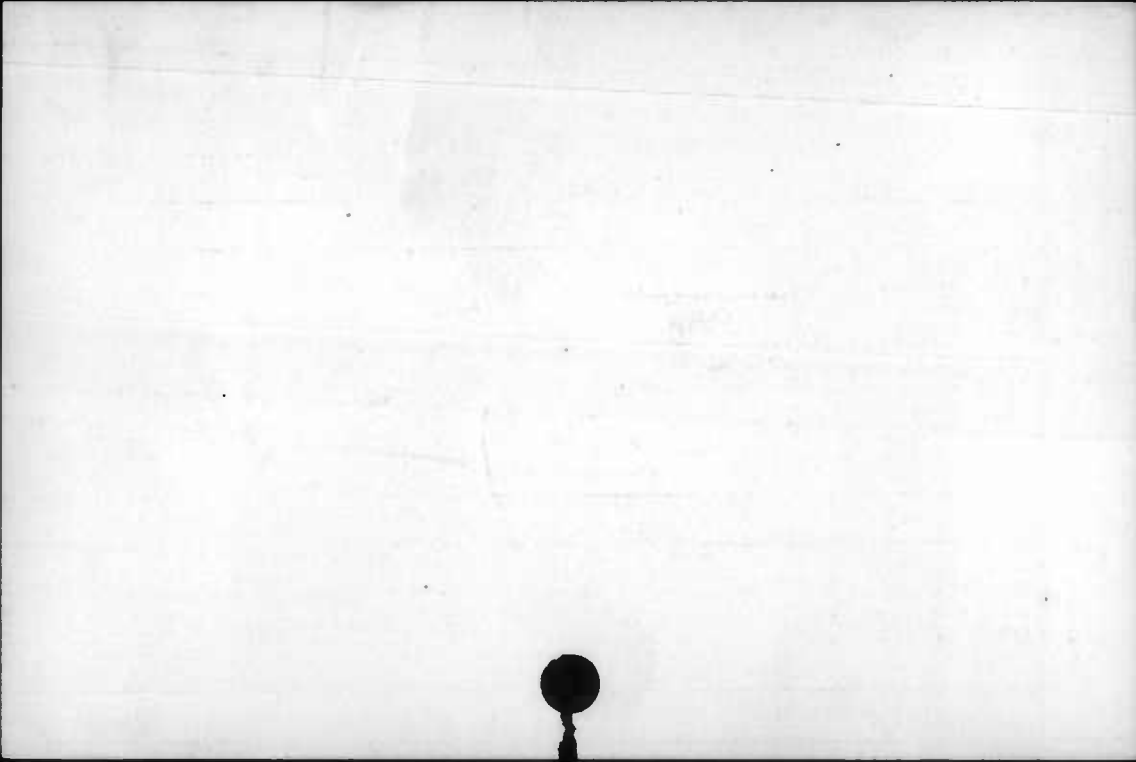
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Near Taneytown</i>		Town <i>Taneytown</i>		County <i>Carroll</i>		MARYLAND	
Date of death <i>1909 Apr</i>		Month <i>Apr</i>	Day <i>4</i>	Age <i>62</i>	Years <i>1</i>	Months <i>12</i>	Days <i>12</i>
Sex <i>Female</i>		Color or Race <i>White</i>		Birth-place <i>Adams Co Pa</i>			
Occupation <i>Housewife</i>				Where Residing if not at place of death			
Married Single <i>Married</i>		Name of Wife <i>Jerome Storm</i> Husband					
Father's Name <i>Jacob Mc-lain</i>				Father's Birthplace <i>Unknown</i>			
Mother's Maiden Name <i>Elizabeth Cook</i>				Mother's Birthplace <i>1</i>			
Name of person giving information <i>Jerome Storm</i>				How related to deceased <i>Husband</i>			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i> dilatation of Heart</i>	How long <i>10</i>
Immediate	<i> Grip</i>	How long <i>6 days</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>		Signature of Physician <i>LeBorine</i>
		Address <i>Taneytown</i>
Accident or Suicide?		



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

David E. Swartz

Town *Sykesville* County *Carroll* MARYLAND

Died at *Sykesville*

Date of death 1909 *April* *13th* Age *60* Months *—* Days *—*

Sex *Male* Color or Race *White* Birth-place *Md.*

Occupation *Carpenter* Where Residing if not at place of death

Married, Single or Widowed *Widowed* Name of Wife or Husband *Unknown*

Father's Name *Ephraim Swartz* Father's Birthplace *Md.*

Mother's Maiden Name *Unknown* Mother's Birthplace *Unknown*

Name of person giving Information *Hospital records* How related to deceased

CAUSES OF DEATH

64

PHYSICIAN
OR CORONER

Primary *Senile Dementia* How long *2 1/2 years.*

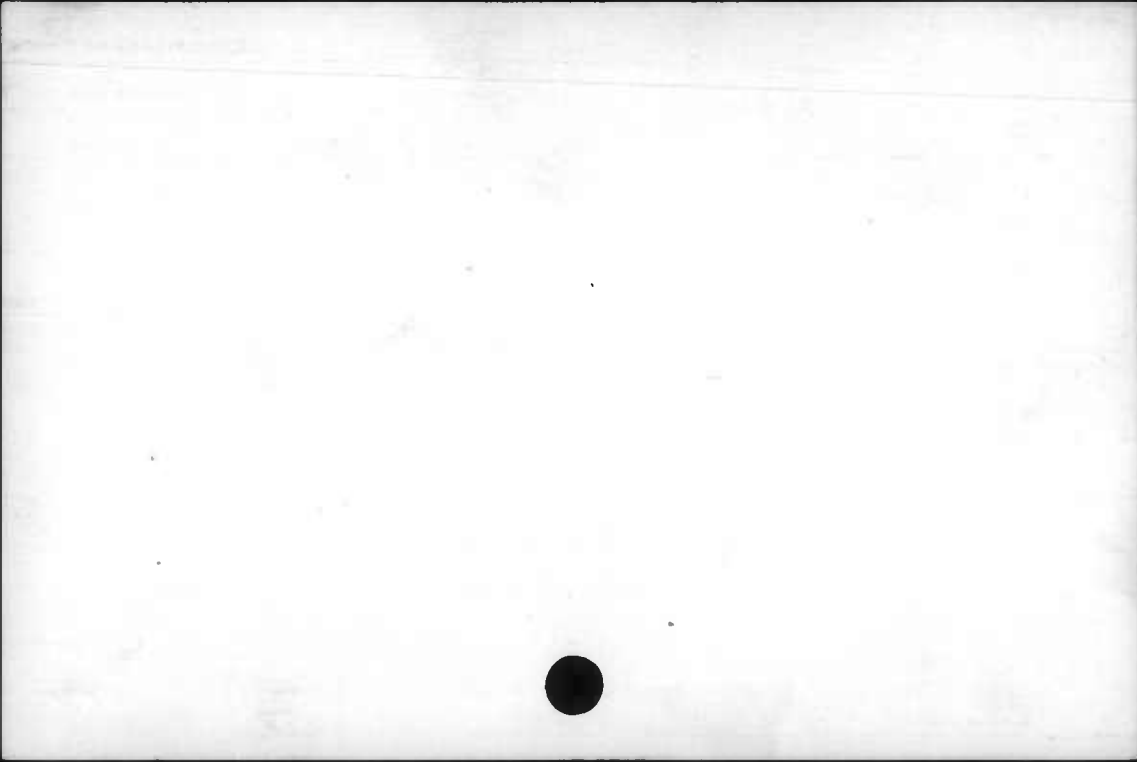
Immediate *Cerebral apoplexy + Exhaustion* How long *1 year.*

Are the name, age, sex, color, date and place correctly given above?

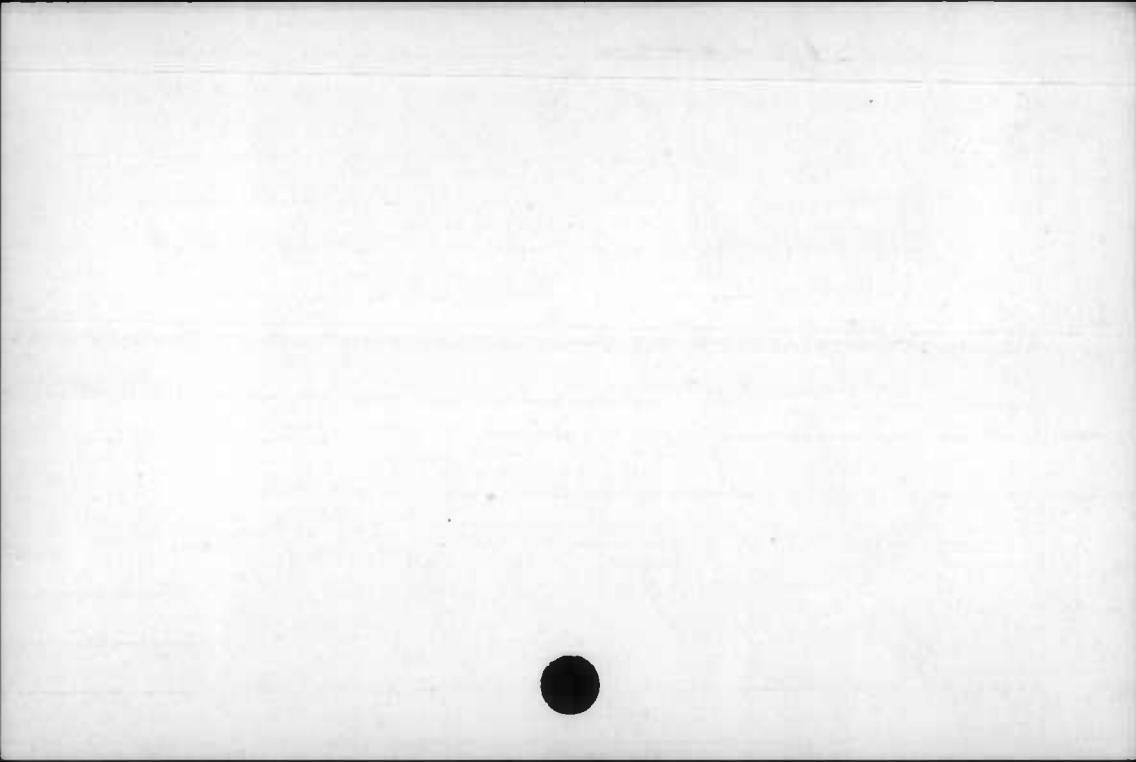
Signature of Physician *S. H. Swartz*

Address *Springfield State Hosp. Sykesville, Md.*

Accident or Suicide *No.*



Name in Full		Mary Ann Fagg				X		CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND		Died at		Town	County		MARYLAND		
		Date of death		Month	Day	Age	Years	Months	Days
		Sex		Color or Race		Birth-place			
		Occupation		Where Residing if not at place of death					
		Married, Single or Widowed		Name of Wife or Husband					
		Father's Name		Father's Birthplace					
		Mother's Maiden Name		Mother's Birthplace					
		Name of person giving information		How related to deceased					
				CAUSES OF DEATH		154			
PHYSICIAN OR CORONER		Primary		Senile Degeneration		How long			
		Immediate		Cardiac Paralysis		How long			
		Are the name, age, sex, color, date and place correctly given above?		Signature of Physician		John J. Stewart			
				Address		Westminster			
		Accident or Suicide?				Md			



Name
in
Full

Henry Warner

CERTIFICATE OF DEATH

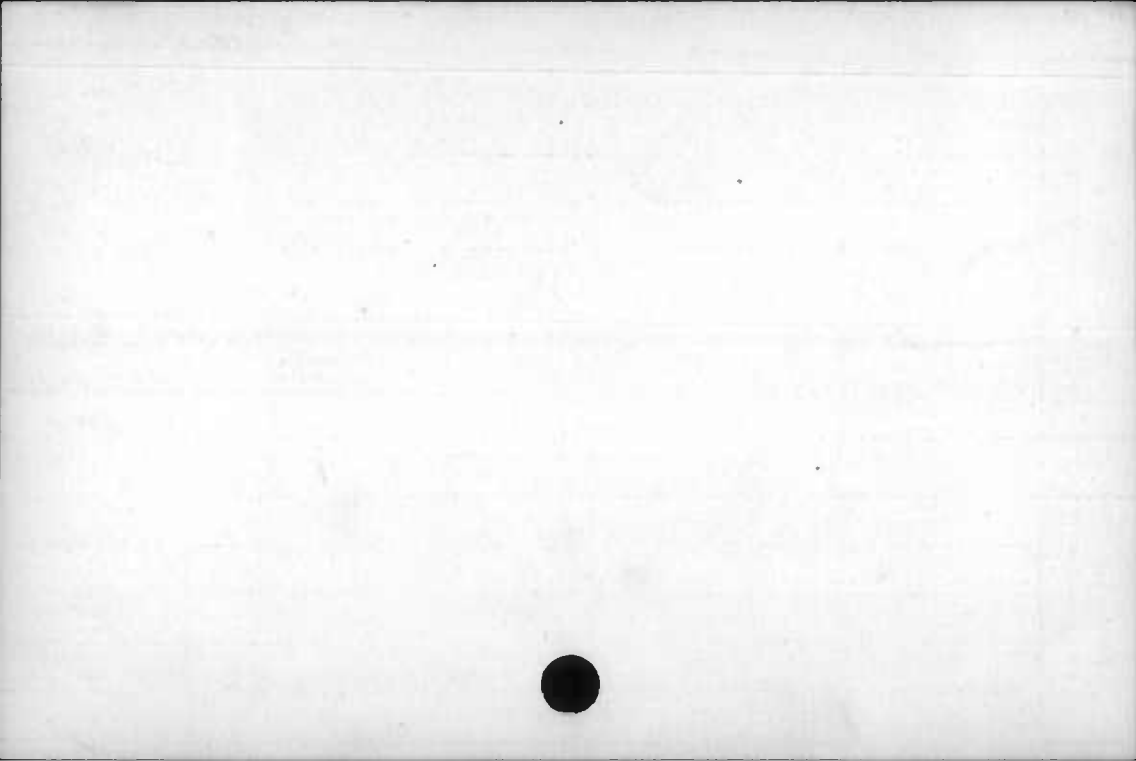
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Piney creek</i>		County <i>Carroll</i>		MARYLAND	
Date of death	Month	Day	Years	Months	Days
1909	April	18 th	87	5	25
Sex	Color or Race		Birth-place		
Female	white		<i>Germantown</i>		
Occupation	Where Residing if not at place of death				
<i>Farmer</i>	<i>Piney creek</i>				
Married, Single or Widowed	Name of Wife or Husband				
<i>Widowed</i>	<i>Henry Warner</i>				
Father's Name	Father's Birthplace				
<i>Joseph Warner</i>	<i>un known</i>				
Mother's Maiden Name	Mother's Birthplace				
<i>un known</i>	<i>un known</i>				
Name of person giving information	How related to deceased				
<i>Jerome Warner</i>	<i>Son</i>				

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Grip. Apoplexy</i>	How long	<i>10 days</i>
Immediate	<i>Failure of Respiration</i>	How long	<i>24 hours</i>
Are the name, age, sex, color, date and place correctly given above?	<i>yes</i>	Signature of Physician	<i>J. H. Swiney, M.D.</i>
		Address	<i>Gandytown Md.</i>
Accident or Suicide?	<i>No -</i>		



Name
in
Full

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY
NEAREST FRIEND

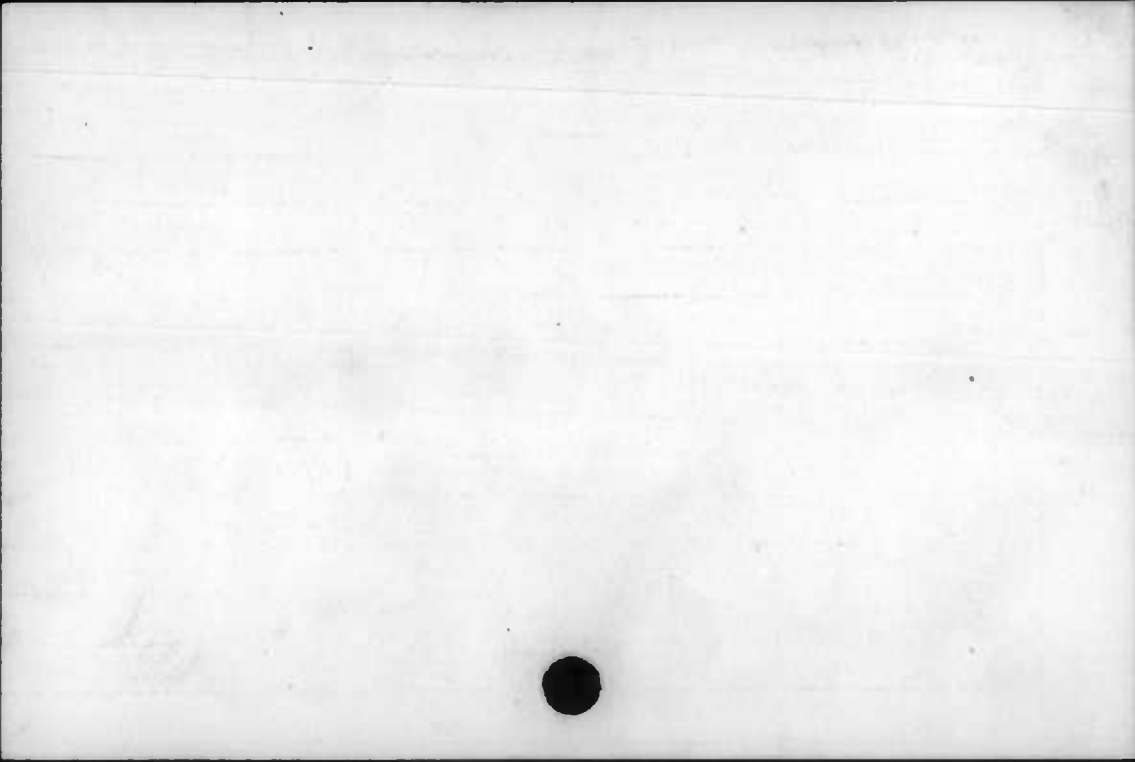
Died at <u>Lincolnton</u> Town		<u>Carroll</u> County			
Date of death <u>1909</u>	Month <u>Apr</u>	Day <u>27</u>	Age <u>87</u> Years	Months <u>6</u>	Days <u>20</u>
Sex <u>Male</u>	Color or Race <u>White</u>		Birth-place <u>Manchester Md</u>		
Occupation <u>Laborer</u>			Where Residing if not at place of death <u>Lincolnton Md</u>		
Married, Single <u>Married</u> Widowed		Name of Wife or Husband <u>Lydia Walzgang</u>			
Father's Name <u>Geo. Walzgang</u>			Father's Birthplace <u>Unknown</u>		
Mother's Maiden Name <u>Elizabeth Geph</u>			Mother's Birthplace <u>Unknown</u>		
Name of person giving information <u>E. J. Wentz</u>			How related to deceased <u>Cousin</u>		

CAUSES OF DEATH

142

PHYSICIAN
OR CORONER

Primary	<u>Senile Gangrene</u>	<u>Left foot + leg</u>	How long	<u>8 weeks</u>
Immediate	<u>"</u>	<u>"</u>	How long	
Are the name, age, sex, color, date and place correctly given above?		<u>yes</u>	Signature of Physician <u>T. Howard Verby</u>	
		Address <u>Lincolnton Md,</u>		
Accident or Suicide?				



Name
in
Full

Charlotte Virginia Goughling
Westminster County

462

CERTIFICATE OF DEATH

MARYLAND

Died at
Date of death 1909 April 3 Age 76 Months 3 Days 4
Sex Female Color or Race White Birthplace Maryland
Occupation Housekeeper Where Residing if not at place of death
Married, Single or Widowed Married Name of HUSBAND Michael Goughling
Father's Name Henry Geaty Father's Birthplace Maryland
Mother's Maiden Name Nancy Wilborn Mother's Birthplace Maryland
Name of person giving Information William C. Geaty How related to deceased Brother

CAUSES OF DEATH

93

Primary Old age & cold How long - Two weeks
Immediate Pneumonia How long two weeks

Are the name, age, sex, color, date and place correctly given above?

Yes

Signature of Physician

Address

Jas. H. Billings & Co. 212
Westminster
Md.

Accident or Suicide

No

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

Westminster Cemetery
Stoner,

Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

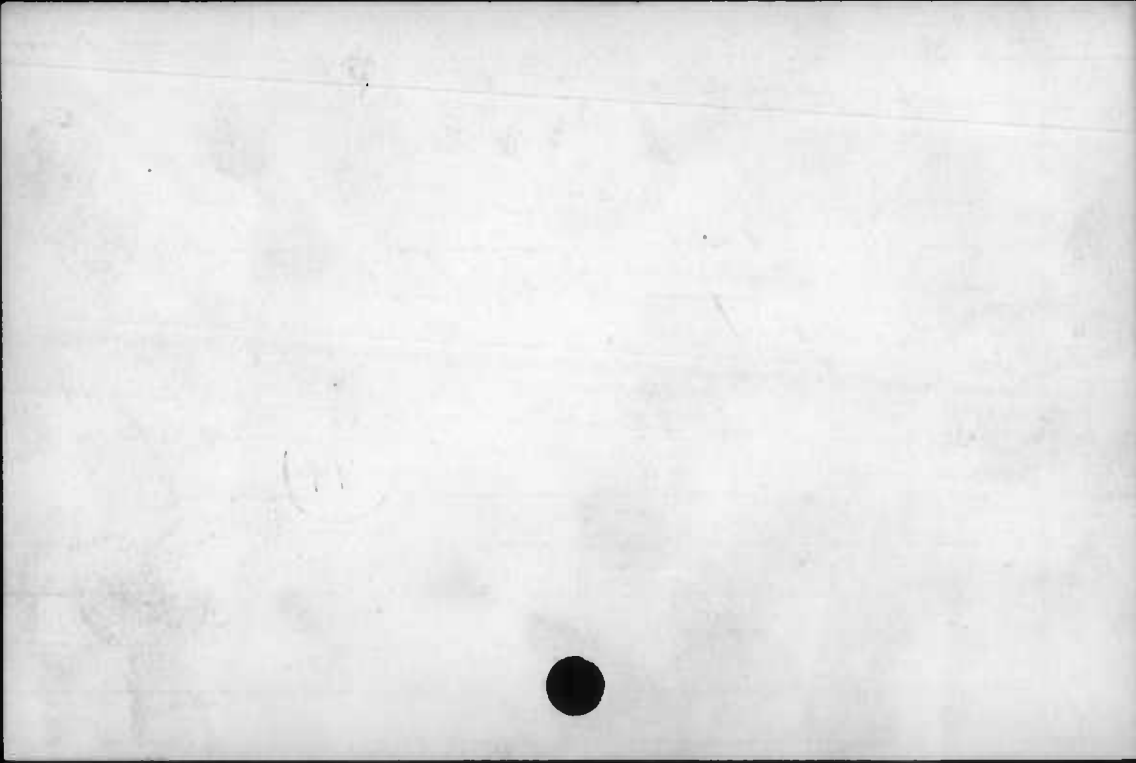
Died at <i>Snydersburg</i>		Town <i>Snydersburg</i>		County <i>Carroll</i>		+ MARYLAND	
Date of death <i>1909</i>	Month <i>4</i>	Day <i>18</i>	Age <i>72</i>	Years <i>72</i>	Months <i>10</i>	Days <i>9</i>	
Sex <i>Male</i>	Color or Race <i>White</i>		Birth-place <i>Hampstead</i>				
Occupation <i>Laborer</i>	Where Residing if not at place of death <i>Snydersburg</i>						
Married, Single or Widowed <i>Married</i>	Name of Wife or Husband <i>Martha C. Zeff</i>						
Father's Name <i>David Zeff</i>	Father's Birthplace <i>unknown</i>						
Mother's Maiden Name <i>P. Warner</i>	Mother's Birthplace						
Name of person giving information <i>Wm. Zeff</i>	How related to deceased <i>Son</i>						

CAUSES OF DEATH

79

PHYSICIAN
OR CORONER

Primary <i>Hypertrophy of Heart & Arteries</i>	How long <i>2 yrs</i>
Immediate	How long
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>J H Shuman M.D.</i>
	Address <i>Manchester</i>
	<i>md</i>
Accident or Suicide?	



Name
in
Full

Nathaniel Zile

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>New New Windsor</i>		Town <i>New Windsor</i>		County <i>Conell</i>		MARYLAND	
Date of death <i>1909</i>	Month <i>April</i>	Day <i>9</i>	Age <i>60</i>	Years <i>60</i>	Months <i>10</i>	Days <i>24</i>	
Sex <i>Male</i>	Color or Race <i>White</i>		Birth-place <i>Maryland</i>				
Occupation <i>Farmer</i>			Where Residing if not at place of death <input checked="" type="checkbox"/>				
Married, Single or Widowed <i>Married</i>		Name of Wife or Husband <i>Alice Zile</i>					
Father's Name <i>Jesse Zile</i>				Father's Birthplace <i>md.</i>			
Mother's Maiden Name <i>Jane R. Barr</i>				Mother's Birthplace <i>md.</i>			
Name of person giving information <i>Alice Zile</i>				How related to deceased <i>Wife</i>			

CAUSES OF DEATH

93

PHYSICIAN
OR CORONER

Primary <i>Right Lobar Pneumonia</i>	How long <i>12 days.</i>
Immediate <i>Exhaustion</i>	How long <i>3 days.</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>Johning Gatty</i>
	Address <i>New Windsor md.</i>
Accident or Suicide?	

